



BERKSHIRE HUMANE SOCIETY – DOG ADOPTION APPLICATION

YOU MUST HAVE A VALID LICENSE OR PHOTO ID WITH A CURRENT ADDRESS

DATE: _____
NAME: _____

NAME		HOME PHONE	
ADDRESS		CELL PHONE	
CITY	STATE	ZIP	EMAIL
EMPLOYER		WORK PHONE	
OCCUPATION		ARE YOU OVER 21? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	<input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> LIVE IN DORMITORY
	<input type="checkbox"/> HOUSE	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME – IN A PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

IF LESS THAN ONE YEAR, PLEASE GIVE PREVIOUS ADDRESS(ES) _____

*LANDLORD'S NAME (FIRST & LAST) _____ *PHONE _____

**This is required to hold any animal*

ARE YOU PLANNING TO MOVE, VACATION OR ADD TO YOUR FAMILY IN THE NEXT 3 MONTHS?

If yes, explain _____

INFORMATION ABOUT YOUR HOUSEHOLD

NUMBER OF ADULTS		FULL NAME(S) & RELATIONSHIPS OF OTHER ADULTS IN THE HOME:
NUMBER OF CHILDREN		
AGES OF CHILDREN		
ARE THERE CHILDREN WHO VISIT REGULARLY (GRANDCHILDREN, STEPCHILDREN, PARTIAL CUSTODY, ETC?) <input type="checkbox"/> YES <input type="checkbox"/> NO		
AGE(S) :		

WHAT ANIMALS HAVE YOU OWNED IN THE PAST FIVE YEARS? (PREVIOUS AS WELL AS CURRENT)

NAME OF ANIMAL	SPECIES	AGE	SEX	FIXED	STILL OWN?	DATE OF LAST RABIES VACCINE

HAVE YOU EVER APPLIED TO ADOPT FROM BHS? YES NO

DID YOU GET A PET FROM US? YES YEAR _____ NO

HAVE YOU EVER GIVEN UP AN ANIMAL FOR ANY REASON? YES NO

If yes, explain _____

YOUR VETERINARIAN (used as reference) _____ PHONE _____

HOW WOULD YOU DESCRIBE YOUR LIFESTYLE?	<input type="checkbox"/> HOMEBOY	<input type="checkbox"/> SOCIAL BUTTERFLY	<input type="checkbox"/> WORKAHOLIC
	<input type="checkbox"/> ENTERTAIN AT HOME	<input type="checkbox"/> ACTIVE OUTDOORS	<input type="checkbox"/> HAVE LOTS OF VISITORS

TELL US WHY YOU WOULD LIKE TO ADOPT A DOG FROM US: (CHECK ALL THAT APPLY)	<input type="checkbox"/> COMPANION	<input type="checkbox"/> GIFT FOR A FRIEND/RELATIVE	<input type="checkbox"/> HUNTING
	<input type="checkbox"/> COMPANION FOR ANOTHER PET	<input type="checkbox"/> FOR A CHILD	<input type="checkbox"/> WATCHDOG
	<input type="checkbox"/> OTHER (EXPLAIN)		

WHAT "BAD DOG" HABITS DO YOU THINK CAN'T BE TOLERATED OR WOULD BE DIFFICULT TO MANAGE?	<input type="checkbox"/> CHEWING	<input type="checkbox"/> BARKING	<input type="checkbox"/> DIGGING
	<input type="checkbox"/> PLAY BITING	<input type="checkbox"/> NOT HOUSEBROKEN	<input type="checkbox"/> ROUGH PLAY
	<input type="checkbox"/> NOT CAT / DOG FRIENDLY	<input type="checkbox"/> OTHER	

WHAT TEMPERAMENT AND ACTIVITY LEVEL ARE YOU LOOKING FOR IN A DOG?	<input type="checkbox"/> MELLOW	<input type="checkbox"/> VERY AFFECTIONATE	<input type="checkbox"/> OUTDOOR DOG
	<input type="checkbox"/> ATHLETIC / HIGH ENERGY	<input type="checkbox"/> QUIET	<input type="checkbox"/> LAP DOG

HOW WILL YOU KEEP THE DOG CONFINED TO YOUR PROPERTY?	<input type="checkbox"/> LEASH WALKED	<input type="checkbox"/> FENCED YARD	<input type="checkbox"/> A RUNNER
	<input type="checkbox"/> CHAIN OR TIE OUT	<input type="checkbox"/> FENCED AREA OR PEN	<input type="checkbox"/> INVISIBLE FENCE

EXERCISE: DO YOU PREFER A DOG THAT	<input type="checkbox"/> WILL ENJOY WALKING WITH ME ON A LEASH	<input type="checkbox"/> WILL ENJOY WALKING WITH ME ON OR OFF A LEASH	<input type="checkbox"/> WILL RUN, JOG OR HIKE WITH ME
	<input type="checkbox"/> WILL EXERCISE HIM/ HER-SELF IN OUR YARD	<input type="checkbox"/> REQUIRES ONLY ENOUGH EXERCISE TO DO HIS / HER "BUSINESS"	

OWNING A PET IS A LIFETIME COMMITMENT AND RESPONSIBILITY. UNEXPECTED SITUATIONS MAY ARISE WHERE SACRIFICES WILL HAVE TO BE MADE TO KEEP YOUR PET. ARE YOU WILLING TO MAKE THIS COMMITMENT? _____

A BHS REPRESENTATIVE MAY COME TO YOUR RESIDENCE PRIOR TO AN ADOPTION FOR A HOME VISIT.

WHAT IS A BETTER TIME ___AM___PM AND DAY OF THE WEEK ___M___T___W___TH___F___S___S___

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND THAT I AM AT LEAST 21 YEARS OF AGE. I GIVE MY VETERINARIAN PERMISSION TO RELEASE ANY AND ALL HEALTH RECORDS OF MY CURRENT AND PAST ANIMALS. I RECOGNIZE THAT MISREPRESENTATION OF FACTS MAY RESULT IN MY LOSING THE PRIVILEGE OF ADOPTING A PET. I UNDERSTAND THAT THE BERKSHIRE HUMANE SOCIETY HAS THE RIGHT TO DENY MY REQUEST TO ADOPT AN ANIMAL, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

SIGNATURE: _____ DATE: _____

DOG ADOPTER SURVEY

1.	I have owned a dog before.	YES	NO	Currently own dog(s)		
2.	The last time I had a dog was...	2-10 years ago	10+ years	Not currently, but within the past year		
3.	My dog needs to get along with other dog	YES	NO	If yes, list names, ages, genders and breeds:		
4.	My dog needs to be good with: (circle all that apply)	Children > 8 years old	Children < 8 years old	Elderly people	Cats	Animals other than dogs/cats
5.	My dog will primarily be ...	Inside	Outside			
6.	How many hours will your dog spend outside per day? Approximately _____					
7.	My dog needs to be able to be alone (per day)	4 hours or less	8 – 10 hours	2 hours or less	12 hours	
8.	When I'm at home I want my dog to be by my side ...	All of the time	Some of the time	Little of the time		
9.	When I'm not at home, my dog will spend her time ...	In the garage	In a crate in the house	In the yard	Confined to one room in the house	Loose in the house
10.	I want a guard dog	YES	NO			
11.	I want my dog to hunt or herd with me	YES	NO			
12.	I want my dog to be the type that is very enthusiastic in the way she shows she loves people	Not at all	Somewhat	Very		
13.	I want my dog to be playful.	Not at all	Somewhat	Very		
14.	I want my dog to be laid back.	Very	Somewhat	Not at all		
15.	I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash.	No training	Some training	A lot of training		
16.	I (or my children) want to participate in Agility, Flyball or Obedience with our dog	YES	NO	MAYBE		
17.	I am interested in a dog with "special needs" (medical or behavioral)	YES	NO	MAYBE		
18.	It's most important to me that my dog					
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Are you open to insurance breeds (Pitbull, German Shepherd, etc.)? YES NO

Describe ideal dog (age, breed, size): _____

They looked at: _____

Additional notes: _____

For office use only: Landlord contact Date: _____ Comment: _____

Vet contact Date: _____ Comment: _____

Adoption counselor: _____

Comments: _____
