



## Humane Society of Harford County

### Adoption Application for an HSHC DOG

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please list the members of your household (names and ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will be primarily responsible for the care of this animal? \_\_\_\_\_

Have you ever been charged with an animal related crime? YES NO

Do you live in a (Circle One): Single Family Home Apartment Mobile Home Condo  
Townhouse Dorm Farm Other: \_\_\_\_\_

Do you (Circle One): Own Rent Live with Parents Other: \_\_\_\_\_

Do you have a fenced in yard? YES NO

Where will the animal stay during the day? \_\_\_\_\_ At night? \_\_\_\_\_

When no one is home? \_\_\_\_\_

How long will the animal be alone during the day on average? \_\_\_\_\_

Do you plan on breeding this animal? YES NO MAYBE

Are you willing to work through any behavioral problems with your adopted animal? YES NO

Are you willing to give the animal at least 6 weeks to adjust to its new environment? YES NO

Are you willing to enroll in a training class with your new dog? YES NO

Do you agree to take your adopted animal to a vet within 30 days of adoption? YES NO

Would you be willing to make a donation to help the other homeless animals of HSHC?

YES, in the amount of: \$ \_\_\_\_\_ NO

What behaviors are you **NOT** willing to tolerate? (Circle all that apply)

Mouthing    Nipping    Jumping    Barking    Housetraining Issues    Destructive Chewing

Please list all your current pets and all the pets you have had in the past 5 years:

Pet's Name	Species	Breed	Age	Sex	Altered? Yes or No	If you no longer have this pet, where are they now?

If your current pets are not up to date on vaccinations or altered, please explain why:

\_\_\_\_\_

\_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you understand that your adopted animal may require additional veterinary care as a result of being exposed to shelter related illnesses (i.e. kennel cough)    YES    NO

Have you ever had to give an animal away?    YES    NO

If yes, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

**I understand that the falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted animal. I authorize HSHC to verify the validity of any information contained in this application. I hereby agree to release, discharge, indemnify and hold harmless the Humane Society of Harford County and any of its agents from any and all liabilities that may arise out of the handling by me and/or my party.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HSHC USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Adoption Counselor: \_\_\_\_\_

Comments: \_\_\_\_\_