



Dog Adoption Application

Understand that Darlington County Humane Society will verify references provided and it may take up to 96 hours for verifications to be completed and notification made. Also understand that Darlington County Humane Society has the right to refuse adoption to anyone.

Please print clearly and answer all questions

For Staff / Reception Use Only			
Animal's Name: _____	ID #: _____	Sex: M F	
Desc. of Animal: _____	Age: _____	Altered? Y N	
Heartworm Test: n/a negative positive			
Staff Coordinator Initials: _____	Date: _____		

Top reasons applications are not approved:

1. Current animals are not up-to-date on vaccinations or heartworm preventative; without explanation.
2. No safe environment for the dog.
3. Landlord or property owner doesn't allow dogs.

Name of Dog Applying for: _____ Date/Time Submitted: _____

Applicant Information			
Applicant's Name: _____	Driver's License #: _____		
Local Address: _____	Apt #: _____		
City: _____	State: _____ Zip: _____		
Home Phone #: _____	Cell Phone #: _____ Work Phone #: _____		
Email: _____	Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Residence Information			
Is your home near a busy highway or road? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you own or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Type of Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile-Home <input type="checkbox"/> Duplex			
Property Owner's Name: _____		Property Owner's Phone #: _____	
How long have you lived here? _____			
# of Adults in house: _____		# of Children in house: _____ Children's Ages: _____	

Current Pets						
Do you currently have pets in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Species	Spay/Neutered?	Kept Where?	Time Owned	Age	Name of Pet	
Dog	Cat	Yes No	In Out	_____	_____	_____
Dog	Cat	Yes No	In Out	_____	_____	_____
Dog	Cat	Yes No	In Out	_____	_____	_____
Dog	Cat	Yes No	In Out	_____	_____	_____
Other?		Yes No	In Out	_____	_____	_____

Previous Pets

Have you previously had pets? _____ Yes _____ No

Species	Spay/Neutered?	Kept Where?	Time Owned	What Happened	Name of Pet
Dog Cat	Yes No	In Out	_____	_____	_____
Dog Cat	Yes No	In Out	_____	_____	_____
Dog Cat	Yes No	In Out	_____	_____	_____
Dog Cat	Yes No	In Out	_____	_____	_____
Other?	Yes No	In Out	_____	_____	_____

Veterinarian Reference

Name of Veterinarian: _____ Vet's Phone #: _____

Vet's Address: _____

Is the vet reference under **another name**? If so name and reason: _____

How long have you used this vet? _____

Do you use other vet resources such as Cara-Van? _____ Yes _____ No

Explain: _____

Questions

Who will be responsible for daily care/feeding of this dog? _____

Who will financially support this dog? _____

Reason for wanting this dog? _____

Where will you keep this dog? _____

Do all members of this household WANT this dog? _____

If you have young children, they need to be educated on how to interact with the dog in order to prevent dog bites, are you able/willing to do that? _____ Yes _____ No

How many hours will your dog spend alone? _____

If you must give up this dog, what would you do with it? _____

Would you object to a follow-up home visit by the Darlington County Humane Society? _____ Yes _____ No

Best day/time: _____

What amount of time will the dog be inside? _____ outside? _____

If adopting an outside dog, do you have a doghouse? _____ Yes _____ No

If adopting an outside dog, do you have a fenced yard? _____ Yes _____ No Height of fence? _____

If adopting an outside dog, do you have a shaded area? _____ Yes _____ No

Do you plan to chain your dog outside? _____ Yes _____ No

Do you realize that an outside dog may entertain itself by digging, chewing home items and/or escaping and wandering? _____ Yes _____ No

Questions

What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, tearing up plants/furniture or running off) _____

Do you realize that you will probably have to housetrain your new puppy/dog? _____ Yes _____ No

Would you like information on how to housetrain your new puppy/dog? _____ Yes _____ No

If adopting an adult dog, how many times per day will you exercise it? _____ 1 _____ 2 _____ 3

What form of exercise will you provide for your dog? _____

Will you have this dog vaccinated annually, by a veterinarian, against infectious disease? _____ Yes _____ No

Are you familiar with heartworm disease? _____ Yes _____ No

Will you maintain your dog on heartworm preventative? _____ Yes _____ No

Do you realize that dogs often live longer than 10 years and are you willing to assume responsibility for that long? _____ Yes _____ No

How will you keep the dog confined to your property? (check all that apply)

- House Kennel Fence Chain Patio
 Garage Leash Other: _____

Where did you hear about the Darlington County Humane Society?

- Friend TV Newspaper Relative Radio
 Billboard Petfinder Internet Other _____

Have you applied to adopt from this shelter before today? _____ Yes _____ No

If yes, what date? _____ Pet Adopted? _____ Yes _____ No

Where is this animal now? _____

Additional Notes/Comments: _____

I certify the above is true and that false information may result in nullifying this adoption. I understand that Darlington County Humane Society will verify my references provided above and it may take up to 96 hours for verifications to be completed and for me to be notified of the decision. I also understand that Darlington County Humane Society has the right to refuse adoption to anyone. I understand that no animal can be held for me. I also understand that if for ANY reason, I can't keep the animal adopted from the Darlington County Humane Society, I will return it to the shelter. I understand that I am prohibited from re-homing the animal to anyone and I must return the animal to the shelter if I can't continue to keep and care for the animal.

I consent to the release of my records from the veterinarian(s) listed above, for the purpose of conducting a veterinarian reference check as part of the evaluation of this application.

Signature

Date

Application Review

Confidential Adoption Counselor Comments: _____

Application Approved: _____ Application Denied: _____

Signature

Date