



## CANINE ADOPTION QUESTIONNAIRE

Pet ownership is a serious responsibility. The policy of the Humane Society of Truckee-Tahoe is to ensure that each person who adopts a pet not only is aware of the responsibility, but that each person is willing and able to accept that responsibility morally, physically and financially. Not every person who desires to own a pet should own a pet.

This application is designed to help us make the best placement possible — the right home for each animal and the right animal for your home. The adoption process takes time because we are committed to giving you all the information and support you need to have a successful adoption. We ask for your patience and cooperation in the joyful process of bringing people and animals together.

### **TO BE CONSIDERED FOR AN ADOPTION TODAY, YOU MUST:**

- Be at least 18 years of age.
- Provide a suitable confined area for the dog.
- Understand that the Humane Society of Truckee-Tahoe reserves the right to deny any adoption.

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

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

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

City/State/Zip: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Number of adults in home: \_\_\_\_\_ Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Does everyone want this animal?  Yes  No If not, who objects and why? \_\_\_\_\_

Who will be responsible for this animal? \_\_\_\_\_

Do you live in a:  House  Apartment  Mobile Home  Condominium  Townhouse  Car

Do you live with a parent or relative?  Yes  No

Do you **own** or **rent**?  Own  Rent

If renting, does your landlord allow pets?  Yes  No  Not Sure

Landlord's name/address/phone number: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Are you planning to move within the next six months?  Yes  No \_\_\_\_\_

If you do move in the future, what will you do with your pet? \_\_\_\_\_

Please list other pets you

**CURRENTLY** own:

**PREVIOUSLY** owned:

*If the animal is no longer with you please indicate what happened to the pet.*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Veterinarian \_\_\_\_\_ City/State \_\_\_\_\_

Are your pets current on their vaccinations?  Yes  No

Are **all** of your current pets spayed or neutered?  Yes  No

If your pet is **not** spayed or neutered, why not? \_\_\_\_\_

Is your pet **un**comfortable with:  Strangers  Children  Cats  Dogs  Men  Women  Other

If applicable, how does your pet react when faced with unpleasant company? \_\_\_\_\_

\_\_\_\_\_

Have you *applied* to adopt an animal from us before?  Yes  No

Have you *adopted* an animal from us before?  Yes  No Type and when? \_\_\_\_\_

Have you ever turned in an animal to a shelter?  Yes  No If yes, what were the circumstances? \_\_\_\_\_

Does any member of your household have allergies to animals?  Yes  No

If yes, what kind of animals and how severe? \_\_\_\_\_

How much will you budget for and anticipate spending yearly to **feed, vaccinate, license** and provide **medical care** for your animal? \$ \_\_\_\_\_

Are you prepared to provide any necessary medical treatment for your pet?  Yes  No

Who will care for your pet when you go away on vacation? \_\_\_\_\_

How many hours per day will the animal be left alone? \_\_\_\_\_

Where will the animal be kept during the day? \_\_\_\_\_

Where will the animal be kept at night? \_\_\_\_\_

Where will it sleep? \_\_\_\_\_

Where will you feed it? \_\_\_\_\_

How will you help your new animal adjust to your new home? \_\_\_\_\_

\_\_\_\_\_

If your animal gets lost, what will you do to try to find it? \_\_\_\_\_

If you must give up this animal, how will you place it? \_\_\_\_\_

Do you understand your local animal control ordinances, including licensing and limits on the number of animals allowed in a household?  Yes  No

Will this adoption put you over the legal limit for animals allowed in a household?  Yes  No

Do you want the dog for a:  House Pet  Breeder  Gift  Fighting Dog  Watch Dog  
 Companion  Company For Other Pets

Where will you exercise your dog? \_\_\_\_\_ How often? \_\_\_\_\_

Will you use a leash to walk/exercise your dog?  Yes  No

If not, why not? \_\_\_\_\_

If adopting a puppy or a non-housebroken adult, how do you plan to housebreak it?

Are you prepared to take your dog through training classes?  Yes  No

What will you do if your dog shows destructive behavior? \_\_\_\_\_

Do you plan to place personal identification on your dog?  Yes  No

Do you plan to let your dog ride in the back of an open bed pickup truck?  Yes  No

Have you had a dog die on your premises of distemper, parvo, or unknown causes within the last three months?  Yes  No If so, explain \_\_\_\_\_

How will you confine your dog? (check all applicable):  Fenced Yard  Kennel Run  Cable Run  
 Invisible Fence  Post To Tie Your Dog To  Free Roaming  Other \_\_\_\_\_

If you have a fenced yard, how high is your fence? \_\_\_\_\_ Type of fence \_\_\_\_\_

How did you hear about this animal and or HSTT?

Newspaper  Radio  Internet Search  Pet Adoption Website  HSTT Adoption Poster  
 Word of Mouth  Adopted a pet(s) from HSTT in the past  Visiting the shelter  hstt.org

**Dogs often live up to 15+ years. Are you ready to take responsibility for this animal's entire life?**

Yes  No

The Humane Society of Truckee-Tahoe reserves the right to check on the welfare of your animal and inspect the premises where the animal will be housed.

I hereby release to the Humane Society of Truckee-Tahoe all veterinary records of all animals I have had or currently have.

I certify that all the information in this application is true and correct and understand that false information may void this application. I also understand that failure to comply with the conditions set forth in the application contract could result in the refusal of future adoptions from the Humane Society of Truckee-Tahoe.

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

**Pet Microchip Emergency Contact Information (in the event you can't be reached)**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (cell) \_\_\_\_\_ (home/work)

**Consent to be contacted directly**

Do you consent to release of your name and phone number to anyone that finds your pet?

Yes  No

**Consent to receive commercial electronic messaging**

Do you consent to Pethealth Inc. collecting and using your personal information for the purpose of contacting you with commercial electronic messaging and telephone communications (including contacting you regarding the Gift of Insurance)?

Yes  No

**Permission to Photograph:**

I/we hereby grant HSTT permission to use said person's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken by or made on behalf of HSTT. I agree that HSTT has complete ownership of such media, including the entire copyright, and may use them for any purpose consistent with HSTT's mission or promotional needs. I agree that I/we shall not receive any compensation for the use of such media and hereby release HSTT, its agents and assigns, from any and all claims that arise out of or are in any way connected with such use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date