



## ADOPTION APPLICATION

**Applicant:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Driver's License No./ State/Expiration** \_\_\_\_\_ / \_\_\_\_\_

**Age :( must be 25 yrs. or older, ID required)** \_\_\_\_\_ / \_\_\_\_\_

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

**City:** \_\_\_\_\_

**County:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ / \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ / \_\_\_\_\_

**Email Address:** \_\_\_\_\_ / \_\_\_\_\_

**Occupation:** \_\_\_\_\_ / \_\_\_\_\_

**Employer:** \_\_\_\_\_ / \_\_\_\_\_

**Name of pet you are interested in adopting:** \_\_\_\_\_

**List any general questions you would like to ask about this particular pet:** \_\_\_\_\_

**Are you willing to allow a representative from GHS to visit your home by appointment:** \_\_\_\_\_

**Reason for adopting this pet:** Watchdog    Companion    Hunting Dog  
Guard Dog for Business    Companion for Other Pet    Gift  
Other (please specify) \_\_\_\_\_

**Please indicate where you live:** Apartment    House    Condo/Townhouse  
Trailer/Mobile Home

**Do you rent or own:** \_\_\_\_\_

**If you rent, do you have the landlord's permission to own a pet:** \_\_\_\_\_

**What is the apartment complex name:** \_\_\_\_\_

**What is the landlord's phone number:** \_\_\_\_\_

**How much is the pet deposit:** \_\_\_\_\_

**How many times have you moved in the past 5 years:** \_\_\_\_\_

**If you move, will the pet go with you:** \_\_\_\_\_

**Would you ever consider moving somewhere that doesn't allow your pet:** \_\_\_\_\_

**Do you foresee any major changes in your life in the next 15 years, average lifespan of a pet, (i.e. get married, have a baby, new job, move):** \_\_\_\_\_

**If yes, explain:** \_\_\_\_\_

**Do you or anyone in your household currently have any serious health problems?**

**If yes, describe:** \_\_\_\_\_

**Can you provide a permanent home for this pet for 10-15 years:** \_\_\_\_\_

**What procedures will you use for housetraining?**

Crate Training Newspaper Rubbing Nose Swatting with Newspaper

Outside only Other

**If other, please describe:** \_\_\_\_\_

**What will you do if your pet has an accident in the house:** \_\_\_\_\_

**Who will be responsible for the daily care and training of you new pet:** \_\_\_\_\_

**How will you handle obedience training:** \_\_\_\_\_

**Do you have a fully fenced yard with no fence gaps:** \_\_\_\_\_

**If yes, how high and what kind:** \_\_\_\_\_

**If no, would you consider fencing all or part of it as a condition of adopting a pet:**

**If no fence, how do you plan to keep the pet on your property:**

Chain Runner Tie Out Leash Walk Pen/Kennel Run Free Other

**If other, please specify:** \_\_\_\_\_

**Number of adults in household:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Will this pet be a surprise for any family member:** \_\_\_\_\_

**If yes, who:** \_\_\_\_\_

**Do any family members have allergies:** \_\_\_\_\_

**What will you do if someone develops an allergy to your pet:** \_\_\_\_\_

**Do any children live in the house:** \_\_\_\_\_

**If so, what are their ages:** \_\_\_\_\_

**Number, type, age of pets currently in household:** \_\_\_\_\_

**Do any of your current, or did any of your past, pets live primarily outdoors:** \_\_\_\_\_

**If yes, please describe pet:** \_\_\_\_\_

**Were all previous pets spayed and/or neutered:** \_\_\_\_\_

**Are all current pets spayed and/or neutered:** \_\_\_\_\_

**Do you know what heartworm disease is and how to prevent it:** \_\_\_\_\_

**Is your current pet, or was your previous pet, on heartworm prevention medication:**

**If yes, how often did you give the heartworm medication:** \_\_\_\_\_

**What brand did you use:** \_\_\_\_\_

**What is your veterinarian's name and phone number:** \_\_\_\_\_

**What do you expect annual pet care, vet care, medication, heartworm preventative, Etc., to cost yearly:** \_\_\_\_\_

**How many pets have you owned in the past:** \_\_\_\_\_

**If any, please describe what happened to each of them (i.e., put to sleep, run over, died of old age, sold, given away, ran away, etc.)** \_\_\_\_\_

**How do you plan to prevent fleas/ticks:** \_\_\_\_\_

**Are you aware of Frontline or Advantage:** \_\_\_\_\_

**How many hours will the pet be home alone on a typical day:** \_\_\_\_\_

**Where does your current pet stay when home along during the day:** \_\_\_\_\_

**Where will your new pet stay when home along during the day:** \_\_\_\_\_

**Where do current pets sleep at night:** \_\_\_\_\_

**Where will your new pet sleep at night:** \_\_\_\_\_

**What percentage of time will the pet spend inside the house:** \_\_\_\_\_

**Have you ever had a serious behavior problem with a previous pet:** \_\_\_\_\_

**If so, please describe:** \_\_\_\_\_

**Do you have a doggie door:** \_\_\_\_\_

**Would you consider installing a doggie door:** \_\_\_\_\_

**Have you always kept an ID tag, other than a rabies tag, bearing your phone number on your pet:** \_\_\_\_\_

**Are you willing to keep a collar and ID tag on all pets including your new pet at all times:** \_\_\_\_\_

**Under what circumstances do you think it is OK to leave a dog outside alone and unsupervised:** \_\_\_\_\_

**What circumstances justify giving up a pet:** \_\_\_\_\_

**Have you ever given up a pet or had a pet because it didn't work out:** \_\_\_\_\_

**If yes, please explain the circumstances and what happened to the pet:** \_\_\_\_\_

**Have you ever adopted/applied for a pet from a humane society:** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**If you date or marry someone who does not like or want your pet, what would you do:** \_\_\_\_\_

**If you pet later develops a medical problem that becomes expensive, what would you do:** \_\_\_\_\_

**If you pet develops a frequent urination problem at the age of 12 and can't hold it when left alone, what would you do:** \_\_\_\_\_

**If you are considering a long-haired breed, how often would the pet be groomed:** \_\_\_\_\_

**Would he get haircuts:** \_\_\_\_\_

**Would you do it yourself:** \_\_\_\_\_

Have a groomer do it?: \_\_\_\_\_

What type of food will you feed your pet – something from grocery store or  
Premium food from a pet supply store \_\_\_\_\_

Has a pet died on your premises in the last 6 months of distemper or  
Parvovirus or unknown causes: \_\_\_\_\_

Please list names, addresses and phone numbers of 2 personal references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize The Georgia Humane Society to check the references provided in this application. I believe the information provided to be true and correct and understand that the application will be denied or GHS may request that the pet be returned if it is determined that the information contained in this application is false or misleading. I also understand that Georgia Humane Society will choose the adopter of any pet based on the best interest of the animal. A home check may be required before the pet can be released to his/her new family. Spay or Neuter will be completed prior to adoption. All family members must be available for interview during the application process.

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

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

\_\_\_\_\_  
GHS Authorized Agent Date

Thank you for your interest in adopting a rescued pet!