



# The Humane Society of Ottawa County

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[www.HumaneSocietyOfOttawaCounty.org](http://www.HumaneSocietyOfOttawaCounty.org)

## DOG ADOPTION APPLICATION

Name of dog(s) you are interested in adopting: \_\_\_\_\_

### PERSONAL INFORMATION:

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

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

City, State, Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

### HOUSING INFORMATION:

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

Do you rent or own? ()Rent ()Own

Please provide landlord name & phone: \_\_\_\_\_

\_\_\_\_\_

Do you have permission from your landlord to get a dog? (  )Yes (  )No

Are you aware of pet deposit and monthly fees (if any) required? (  )Yes (  )No

Do you have a fenced yard? (  )Yes (  )No

Type of fence and height: \_\_\_\_\_

If you do not have a fence, are you prepared to walk your dog multiple times daily in spite of weather conditions (cold, hot, rain, snow, etc.)? (  )Yes (  )No

What is your lifestyle? ( )Active/On the Go ( )Quiet/Relaxed ( )Entertain Often ( )Frequent Travel

Do you have children? ( )Yes ( )No If Yes, what are their ages? \_\_\_\_\_

Why did you decide to get a dog? \_\_\_\_\_

What are you looking for in a pet? \_\_\_\_\_

Who will be responsible for taking care of the dog? \_\_\_\_\_

Approximately how many hours per day will the dog be alone? \_\_\_\_\_

Where will the dog stay when no one is at home? \_\_\_\_\_

When you are home? \_\_\_\_\_

Over-night? \_\_\_\_\_

What type of exercise will you provide for your dog? How often? \_\_\_\_\_

Who will care for your dog if you are out town (vacation, etc.)? \_\_\_\_\_

What circumstances would make you give up your dog? \_\_\_\_\_

**PERSONAL REFERENCES:** (Please list 2 people not living with you that we may contact.)

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

Phone: (\_\_\_\_) \_\_\_\_\_

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

Years Acquainted: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

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

Years Acquainted: \_\_\_\_\_

**VETERINARY INFORMATION:**

Current Vet: \_\_\_\_\_

Phone: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

Do we have permission to contact your vet? ( )Yes ( )No

Please sign & date here if yes:

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**CURRENT AND PREVIOUS PET INFORMATION:**

Please provide the following information about your current pets:

<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>Spayed/Neutered</b>
			_____ <b>Yes</b> _____ <b>No</b>
			_____ <b>Yes</b> _____ <b>No</b>
			_____ <b>Yes</b> _____ <b>No</b>

Please provide the following information about any previous pets that are no longer with you:

<b>Pet Name and Type</b>	<b>Reason Pet is No Longer With You</b>

**AGREEMENTS FOR ADOPTION:** (Please initial each)

*I am prepared to make a 10 to 15 year commitment to this dog & am financially able to provide routine and emergency care for this dog's lifetime. This includes but is not limited to food, boarding & training (if necessary), regular vet care, heartworm preventative & flea/tick control. \_\_\_\_\_*

*I will work with my vet to form a regular schedule for wellness visits, inoculations & any tests necessary for the health & well-being of this dog. I will keep this dog on a routine of heartworm preventative & use flea/tick control as needed. \_\_\_\_\_*

*I will not chain or tie-up this dog and leave it outside alone. This dog will be an indoor dog & an important member of my family. I agree that this dog is to be a companion animal only & will live inside of my home, not outdoors \_\_\_\_\_*

*If, for any reason, I am unable or unwilling to keep this dog, I agree to return him/her to the HSOC. I will not give away or sell this dog, surrender to another shelter or place with any other person or family member without the express permission of the HSOC. \_\_\_\_\_*

*I understand & agree that the HSOC makes no guarantee about this dog's temperament & is not responsible for any future damages/injuries caused by this dog. \_\_\_\_\_*

*I agree that this dog is adopted "as is" with no guarantee whether implied or expressed. Any health condition unknown by the HSOC at time of adoption is not the responsibility of the HSOC. \_\_\_\_\_*

*I give the HSOC permission to call/visit my home with reasonable notice to assure that this dog is being properly treated/cared for. \_\_\_\_\_*

*I agree to keep the HSOC informed of my current address & phone number. I agree to license the dog within 7 days of adoption in the county where I reside \_\_\_\_\_*

*I understand that the adoption fee is non-refundable after 2 weeks. If the adoption doesn't work out within 2 weeks, I will return this dog to the HSOC upon which I will receive a full refund. If longer than 2 weeks is needed, I will call the HSOC to make arrangements in a timely manner. \_\_\_\_\_*

**Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**THANKS FOR YOUR INTEREST IN OUR PETS! \*\*\*\*\*ADOPT DON'T SHOP!**

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