

# DOG - Adoption Interview Application

This application is intended to help us match our pets with the right household. We reserve the right to verify any and all information contained in this application, check with landlords, and check home sites. Please fill out all of the questions as accurately as possible.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Do you anticipate moving in the next 30 days?  Yes  No

Do you live in:  House  Apartment  Houseboat  Mobile Home  Condo  Other: \_\_\_\_\_

Do you:  Own  Rent  Live with parents/family  Other (explain) \_\_\_\_\_

Property Owner / Manager \_\_\_\_\_ Main Phone Number: \_\_\_\_\_

Have you spoken to your landlord about adopting a new dog?  Yes  No

If there are children in the home what are their ages? \_\_\_\_\_

Who will be the primary caretaker of this dog?  Self  Child  Spouse  Family  Other (explain) \_\_\_\_\_

Purpose for adopting:  Companion  Guard dog  Gift  Other (explain) \_\_\_\_\_

Have you ever taken any pets to a shelter?  Yes  No When? \_\_\_\_\_ Why? \_\_\_\_\_

Are there any pets currently living at your residence?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_  Male  Female Spayed or Neutered?  Yes  No Age: \_\_\_\_\_

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Are these pets current on their vaccinations?  Yes  No Vet Clinic: \_\_\_\_\_

Have you had any other pets in the last five years?  Yes  No If yes, please list below:

Breed: \_\_\_\_\_ Where is he/she now? \_\_\_\_\_

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Where will this dog sleep at night?  Indoor  Outdoor  Garage Do you plan on indoor crate training?  Yes  No

Where will this dog be while you are not home?

Indoor crate  Indoor free reign  Outside kennel  Outside free reign  Outside tether/chain  Garage

Estimated hours indoors: \_\_\_\_\_ Estimated hours outdoors: \_\_\_\_\_ How much time will this dog spend alone? \_\_\_\_\_

Do you have a fully fenced yard?  Yes  No What kind (material, and height)? \_\_\_\_\_

How will you provide exercise for this animal?  Backyard  Walks  Jogging  Dog Park

Hiking/Beach/Camping

What are your thoughts on spaying and neutering? \_\_\_\_\_

Pet emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of this information may be cause for denial of my application.

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



**Humane Society**  
FOR SOUTHWEST WASHINGTON

1100 NE 192nd Avenue  
Vancouver, WA 98684 • 360.693.4746  
[www.southwesthumane.org](http://www.southwesthumane.org)

**APPLICANTS: PLEASE DO NOT WRITE ON THIS SIDE**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord / Property Owner Approval  Needed  Done  N/A Result: \_\_\_\_\_

Premise Inspection  Needed  Done  N/A Result: \_\_\_\_\_

Animal Control Records/Licensing  Needed  Done  N/A Result: \_\_\_\_\_

Licensing Jurisdiction  Clark  Camas  Washougal  Yacolt  Other WA  Out of jurisdiction

HSSW Files  Needed  Done  N/A Result:  No Record  ID # \_\_\_\_\_

Notes: \_\_\_\_\_

Veterinary Records  Needed  Done  N/A Result: \_\_\_\_\_

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

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date: \_\_\_\_\_ Animal ID: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Altered  Yes  No Age: \_\_\_\_\_

\_\_\_\_\_ (name of dog)  Adopted  Hold  First  Second  Third

Hold expires: Date \_\_\_\_\_ Time \_\_\_\_\_ Reason for hold \_\_\_\_\_

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Dog's location:  Green Pod # \_\_\_\_\_  Orange Pod # \_\_\_\_\_  Blue Pod  Isolation  Stray  Foster \_\_\_\_\_

Hold confirmed:  Yes  No Comments: \_\_\_\_\_

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