



SOUTHAMPTON animal shelter FOUNDATION

Dog Adoption Application

Date

How did you hear about us?

Newspaper Which one? _____ Word of Mouth Website Other

Name	Address	City/State/Zip
Home Phone	Work Phone	Cell Phone
Are you 18 years of age or older?	Drivers License or ID/Expiration	Email Address

Children and your home: <input type="checkbox"/> I have children Ages _____ <input type="checkbox"/> Children visit my home Ages _____ <input type="checkbox"/> Children rarely visit	You and Your Household	Living situation: <input type="checkbox"/> Rent. What is the pet policy? _____ <input type="checkbox"/> Own <input type="checkbox"/> Live with parents <input type="checkbox"/> Mobile home or Condo
	Dog experience: <input type="checkbox"/> First time owner <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many <input type="checkbox"/> Have attended training classes/hired trainer	

Adoption Preferences

Age:

- 2-4 months (like a toddler)
- 4-12 months (like child/teen)
- 1-3 years (young adult)
- 3+ years (sensible adult)
- Senior or special needs
- _____
- No preference

Sex:

- Male
- Female
- No preference

Shedding:

- Low
- Medium
- High

My dog will be:

- Outside only
- Inside only
- Inside most of the time
- Outside and garage only, garage at night
- Outside during the day, inside nights/when home
- Uses dog door – access to garage only
- Uses dog door – access to inside the house

What behavior(s) are unacceptable to you?

- Difficult to distract or control when on leash
- May attack and cause injury to a small animal
- Afraid of other animals(back away/may snap)
- Fearful of new people/places
- Protective of family/home
- Shy/Nervous toward children
- Independent–doesn't really need people much
- Clingy–needs to have someone around often
- Not housetrained
- Other _____

What behavior(s) do you desire or could accept?

- Very Active/Active
- Calm/Gentle/Well Mannered
- Reserved/Shy
- Excitable/High Energy
- Confident
- Playful
- Pushy/Tests the Limits
- Protective of family/home
- Clingy/Dependent
- Other _____

Please give us a contact for a person outside your household in the event of emergency: _____

Is there anything else you would like us to know about the type of dog you are looking for?

Pets Living with you PAST and PRESENT
(Please list all in the past 5 years)

Pet's Name	Age	Sex	Breed/Type	Altered?	How Long Owned?	Kept In, Out, Both	Still Have? If No, Why?

If you have owned any pets, veterinarian name: _____ Phone: _____

I have been made aware of and understand the information written and checked by the counselor and have chosen to adopt this pet.

PRINT (adopter) _____ SIGN (adopter) _____ DATE _____

FOR OFFICE USE ONLY

Animal ID # _____ Name: _____ Counselor: _____

Hold Pending: Dog Intro Other Adults Children Other: _____

Topics covered with counselor: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Housetraining | <input type="checkbox"/> Hours away from home | <input type="checkbox"/> Behavior Consultations |
| <input type="checkbox"/> Destruction/Chewing | <input type="checkbox"/> Previous Pets | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crating/Housetraining | <input type="checkbox"/> Indoor/Outdoor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Activity Level | <input type="checkbox"/> Children | |
| <input type="checkbox"/> Nipping/Puppies | <input type="checkbox"/> Breed | |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Health Care/Cost | |

Counselor Notes (details regarding checkbox information/other issues and concerns covered):
