

Dog Adoption Application

Return to Lewis & Clark Humane Society Counselor at adoption event or fax back to 406.457.9446

Pets You Are Applying for:		Date:			
(Staff use) Impound #		(Staff use) Adoption Counselor Name:			
Applicant/Co-Applicant Information					
Last Name:		First Name:		Age:	
Last Name:		First Name:		Age:	
Address:				Apartment #	
City:		State:		Zip Code:	
Previous Address: (if less then 3 years)				Apartment #	
City:		State:		Zip Code:	
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					
<input type="checkbox"/> I own my home					
<input type="checkbox"/> I rent my home		Landlords Name:_____		Landlords Daytime Phone:_____	
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile/Trailer					
Does your home have a yard?			Is it completely enclosed?		
Is it Fenced? <input type="checkbox"/> Chain link <input type="checkbox"/> Privacy <input type="checkbox"/> Other _____ How tall? _____					
How long have you lived at this address?			Any plans to move in the near future?		
How were you referred to LCHS?					
Family/Household Information					
Number of adults in the household:			Relationships:		
Have all the adults in the household agreed to this adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of children in the household:			Ages of children:		
Have the children had pets before?					
Do you expect your current family situation to change?					
Is anyone in the household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				Who?	
Why would you like to adopt an animal from us? (Check all that apply)					
<input type="checkbox"/> Companion for self		<input type="checkbox"/> Gift			
<input type="checkbox"/> Companion for child		<input type="checkbox"/> Watch dog			
<input type="checkbox"/> Companion for another pet					
<input type="checkbox"/> Companion for another household member					
Employment Information					
Employer:			Position Held:		
Address:					
City:		State:		Zip Code:	
How long have you been with this employer?			Work Phone:		
Pet Information					
Have you had pets in the past or do you currently have pets? Please tell us about them					
Name	Breed	Age	Gender	Spayed/Neutered	Where are they?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	

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Have you ever given an animal away or relinquished an animal to a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what were the circumstances?	
Veterinarian Information	
Veterinarian's Name:	Veterinarian's Phone:
When was your pet's last visit to a veterinarian and why?	
New Pet Information	
How long have you been looking for a pet?	
Why are you interested in this Dog(s)?	
What do you know about this particular breed?	
What will you feed your new pet?	How often will you feed your pet?
How much time are you prepared to allow for your new pet to adjust to your home?	
Are you able to afford a bill of \$200-\$800 (or more) for emergency veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much do you expect to spend on maintenance for your pet in a year?	
Are you committed to providing a responsible home for your pet's entire life (15+ years)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have to move, what do you plan to do with your pet(s)?	
Who in the household will be the dog's primary care giver?	
When you are out of town, who will be the dog's primary care giver?	
In case of emergency, who will care for the dog?	
Where will the dog be kept during the day?	During the night?
How many times per day do you plan to take your dog outside?	
Will your dog ever ride in the back of an open pickup truck?	
How do you plan to house train your dog?	
Will you take your dog to obedience classes if need be <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe any past experience in obedience training?	
Your behavior towards dogs tends to be: (check one) <input type="checkbox"/> Strict & Demanding (i.e. the dog must sit for a treat) <input type="checkbox"/> Lenient (i.e. the dog gets treats just for being a dog) <input type="checkbox"/> It depends on the dog and the situation	
How many hours per day will your dog be left alone?	
What will you do if your dog does not get along with your other pets?	
What would you do if your dog develops a problem with:	
Digging:	
Barking:	
Chewing:	
Separation Anxiety:	
Aggression:	

References

Please list 3 personal references below.

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1.

(Name) (Relationship) (Phone
Number)

2.

(Name) (Relationship) (Phone
Number)

3.

(Name) (Relationship) (Phone
Number)

By signing below, I certify that the information I have given is true. I understand that LCHS reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application and certify that I am at least **18 years of age**. By signing below I am stating that I am financially able to care for this animal. I understand that proper food, water and veterinary care can be costly and I am read and able to meet these requirements. **I also understand that in some cases a home visit may be mandatory prior to completing the adoption.** I understand that any false statements either made verbally to adoption counselor or other associated staff member may constitute grounds for confiscation and surrender of the animal to LCHS. I further understand and agree that LCHS may demand the return of the animal for any violation of the terms of the adoption contract and agreement. **Finally, I understand that completing this questionnaire does not guarantee that LCHS will adopt the animal to me, and that adoptions are approved based on the best available home and are not necessarily processed in the order they were received.**

THE LEWIS & CLARK HUMANE SOCIETY RESERVES THE RIGHT TO REFUSE ANY ADOPTION.

Signatures

Applicant:	Date:
Co-Applicant:	Date:

STAFF USE ONLY:

APPROVED

DENIED

Reason _____

L & C Humane Society www.mtlchs.org Phone 406.442.1660

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