



Dog Name	_____
ID #:	_____
Chip #	_____
Kennel:	_____
AC name:	_____
Date/Time:	_____
Cnsl done:	Yes No
Notes:	_____

Dog Adoption Application

To adopt a pet you:

- Need to present current identification showing present address.
- Must be at least 18 years of age.
- Have permission from your landlord or own your home.

Personal Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Work: _____

E-mail address: _____

Secondary contact: _____ Phone: _____

Why would you like to adopt a dog? _____

Housing Information

Apartment House Mobile Home Other: _____

Rent* Own

*Landlord's name and phone number: _____

Do any children reside in your home? Yes No

If yes, please list their ages: _____

Pet Information

Please list all current and past pets in your home.

Name	Species	Age	Indoor/Outdoor?	Time in your care	Spayed/Neutered
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any known causes of death for past pets: _____

Where will your new dog spend time?

- in the house
 on a tether/chain
 in a fenced yard
 running free outside
 in a crate
 outdoor kennel
 with me at work
 walked on a leash

Adoption Promotion

How did you hear about pet adoptions at Nevada Humane Society? (check all that apply)

- Newspaper Article
 Newspaper Ad
 Magazine
 Radio
 TV
 Off-site adoption
 Phone books
 Friend
 Website
 Social Media

Additional details: _____

Did a special promotion make a difference in your decision to adopt? Yes No

Agreement

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in NHS refusing adoption privileges to me. I authorize NHS to contact all veterinarians listed on the application and the landlord if applicable. If my request for adoption is approved and later NHS discovers the above information is not true or correct, NHS reserves the right to remove the adopted dog from my home.

I would like to make an additional donation of \$_____ to go toward the care of other adoptable animals at Nevada Humane Society.

Signature: _____ Date: _____