



<b>Official Use Only</b>
Dog Name _____
ID #: _____
Chip # _____
Kennel: _____
AC name: _____
Date/Time: _____
Cnsl done: Yes No
Notes: _____
_____
_____
_____
_____

**Dog Adoption Application**

To adopt a pet you:

- o Need to present current identification showing present address.
- o Must be at least 18 years of age.
- o 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 **18 and under** reside in your home? Yes  No

If yes, please list their ages: \_\_\_\_\_

**Turn Over**

**Pet Information**

*Please list ALL current AND past pets in your home.*

Name Species Breed Age Indoor/Outdoor? Past/Present? Are they Spayed/Neutered?

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  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     off leash 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 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: \_\_\_\_\_

**Once completed please hand back to a staff member to begin your adoption process!**