



Official Use Only

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 **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

Additional Information

I would like information on or have questions about? (check all that apply)

- Introductions: Dog to Dog Dog to Cat Dog to Child
- House Training Crate Training Separation Anxiety Puppy Training/Socialization
- Barking Jumping Chewing Digging Escaping Play Biting
- Enrichment Eliminating Unwanted Behavior Other: _____

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!