



# Humane Society of Morrow Adoption Application

PO Box 298  
Mount Gilead, Ohio 43338  
Telephone: 419-947-5791  
[www.hsofmc.org](http://www.hsofmc.org)

Thank you for your interest in our dogs. We would appreciate your answers to the following questions so that we can make the best possible match for you, your family, your lifestyle, and the dog. It is very important to us that we find the correct home for each dog. All information will be treated as confidential. Submission of this application does not guarantee that you will receive a dog. An incomplete application or the misrepresentation of any facts on this application is grounds for refusal.

Our goal is to adopt dogs into permanent, loving, and responsible homes. This information will help us find the best dog for you and your family. Excluding purebreds, the normal adoption fee is \$150.00, plus \$5.00 if microchip. Purebreds may have a higher adoption fee. An adoption fee of \$\_\_\_\_\_, plus \$5.00 if microchip, for a total adoption fee of: \$\_\_\_\_\_, will be payable at the time of adoption. All dogs are spayed/neutered; update on normal vaccinations; heartworm tested, and kept on monthly heartworm and flea/tick preventative prior to adoption. Please note processing Adoption Applications may take 7-10 business days. You will be contacted once your application has been processed and reviewed.

## **Instructions:**

Please complete and submit an Adoption Application as the first step in the adoption process. Potential adopters will be permitted to set up a meeting with the selected rescue dog by contacting the Adoption Coordinator who will schedule a mutually agreeable time and place for the meeting.

You may print and return by land mail, the completed and signed adoption application to:

Humane Society of Morrow County  
P.O. Box 298  
Mount Gilead, OH 43338

Or, you can e-mail the completed and signed adoption application to:

[adoptfoster@hsofmc.org](mailto:adoptfoster@hsofmc.org)

Today's Date \_\_\_\_\_

**Personal Information**

Your Full Name: \_\_\_\_\_

Your Spouse's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone(Work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

What hours do you work? \_\_\_\_\_

Your spouse's employer? \_\_\_\_\_

What hours? \_\_\_\_\_

How much time will the dog likely spend alone each day? \_\_\_\_\_

What kind of vehicle do you drive? \_\_\_\_\_

Will it comfortably hold your dog? yes  no

Does anyone in your family have pet allergies? If yes, please explain:

Please list the names and ages of all people residing in your household:

Name	Age

**Your Home and Yard:**

Do you live in: a house:  apartment:  a condo:  other:

If other, please describe:

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Do you: own:  rent:

How long have you resided at your current address? \_\_\_\_\_

If under 2 years, give your previous address:

Address:	
City:	
State:	
Zip code:	

What type of area do you live in? city:  suburban:  rural:

If you rent, does your rental agreement permit pets? yes:  no:

If landlord permits animals is there any weight limit? yes:  no:   
If yes, please indicate the weight limit: \_\_\_\_\_

If you rent please list the landlord's contact information (required):

Name:	
Address:	
City:	
State:	
Zip code:	
Telephone Number:	

Is your property fenced? yes  no

What is type and if applicable, the approximate height of the fencing:

If not fenced, how, when, and where will your dog be exercised?

Do you have a pool? yes  no

If yes, is your pool fenced? yes  no

**Care and Training of the Dog:**

The dog you are interested in \_\_\_\_\_

Describe the dog you want (age, sex, size, breed, etc)

How much do you expect to spend each month on food, grooming, veterinarian care, etc? \$ \_\_\_\_\_

If your dog becomes extremely ill, can you afford to pay veterinarians bills for an extended length of time, realizing that the larger the dog, the more expensive the bills tend to be? yes  no

Please tell us a little about yourself, why you want this dog, and why you feel you could provide a good home for a dog.

Where will the dog sleep at night? (Please be specific)

Where will the dog spend its time alone? (Please be specific)

Would your dog be living with or have any of these neighbors/visitors, or encounter any of these situations/activities regularly?

Children under 10 years of age <input type="checkbox"/>	Cats <input type="checkbox"/>	Poultry/Livestock <input type="checkbox"/>	Teenagers <input type="checkbox"/>
Other Dogs: Male <input type="checkbox"/> Female <input type="checkbox"/>	Horses <input type="checkbox"/>	Joggers <input type="checkbox"/>	Skateboarders <input type="checkbox"/>
Bicycles <input type="checkbox"/>	Cars <input type="checkbox"/>		

Which family member will provide the majority of care for this pet?

Have you ever trained a dog in obedience class? yes  no

Do you plan to enroll the new dog in obedience class? yes  no

Why?

Do you believe in using dog crates? yes  no

If yes, please explain why:

When you go on vacation, where will your dog go, and who will care for it?

If you move, what will you do with your dog?

How long do you feel a dog should be given for an adjustment period?

Are you and your family members willing to work with a new dog on any issues that he/she may have?    yes     no

What behaviors would you have a hard time dealing with in your dog?  
(Please check all that are applicable)

Dominance <input type="checkbox"/>	Stubborn <input type="checkbox"/>	Quiet <input type="checkbox"/>	Overly protective <input type="checkbox"/>
Digging <input type="checkbox"/>	Aggression <input type="checkbox"/>	Barks excessively <input type="checkbox"/>	Nervous or shy <input type="checkbox"/>
Too friendly <input type="checkbox"/>	Biting <input type="checkbox"/>	Submissive <input type="checkbox"/>	Noisy <input type="checkbox"/>
Too energetic <input type="checkbox"/>	Not good with other pets <input type="checkbox"/>	Plays too rough with children <input type="checkbox"/>	Aloof <input type="checkbox"/>
Needs too much exercise <input type="checkbox"/>	Destructive chewing <input type="checkbox"/>	Escaping behavior <input type="checkbox"/>	Jumping on people <input type="checkbox"/>

**Your Other Animals:**

Please list all animals you have owned in the last ten years that you no longer have:

Name	Type of Animal	Age	Sex	Spayed/Neutered	Indoor or Outdoor?	What happened to the pet? (Please be specific)
			male <input type="checkbox"/> female <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	in <input type="checkbox"/> out <input type="checkbox"/>	
			male <input type="checkbox"/> female <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	in <input type="checkbox"/> out <input type="checkbox"/>	
			male <input type="checkbox"/> female <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	in <input type="checkbox"/> out <input type="checkbox"/>	
			male <input type="checkbox"/> female <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	in <input type="checkbox"/> out <input type="checkbox"/>	

Please list any current pets that you own:

Name	Type of Animal	Age	Sex	Spayed/Neutered	Heartworm Preventive	Last Vaccination (Mo/Yr)	Flea Preventive	Indoor or Outdoor?
			male <input type="checkbox"/> female <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"/>	in <input type="checkbox"/> out <input type="checkbox"/>
			male <input type="checkbox"/> female <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"/>	in <input type="checkbox"/> out <input type="checkbox"/>
			male <input type="checkbox"/> female <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"/>	in <input type="checkbox"/> out <input type="checkbox"/>
			male <input type="checkbox"/> female <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"/>	in <input type="checkbox"/> out <input type="checkbox"/>

Name and telephone number of your Veterinarian:

Name:	
Telephone Number:	

May we call your Veterinarian and ask how you take care of your animals? yes  no   
If no, why not?

If you do not currently have a dog, how long since you had one? \_\_\_\_\_

**Other Information:**

How did you hear about us?

Have you ever applied to adopt an animal from us? yes  no

Which animal? \_\_\_\_\_

Will you allow us to periodically visit your home? yes  no

If no, why not?

Do you agree to return the dog to HSofMC if you can no longer keep it? yes  no

Do you agree that if you adopt a dog and we learn that you are not meeting our standards on caring for him/her, that you will return the dog to us immediately?

yes  no

What conditions/circumstances would cause you to give up a dog?

Please answer the following questions briefly:

What is Heartworm?

How can it be prevented?

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How often should your dog have booster vaccinations? \_\_\_\_\_

How often should your dog be checked for internal parasites? \_\_\_\_\_

**Personal References:**

Please list two (2) non-relatives who have known you for at least 2 years. Please, no work telephone numbers.

1. personal reference:

Name:	
Address:	
Telephone Number:	
Relationship:	

2. personal reference:

Name:	
Address:	
Telephone Number:	
Relationship:	

I hereby affirm that all of the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt and that you reserve the right to reject any applicant. I authorize you to verify any and all information set forth in this application and to contact my personal references.

**NOTE \*\*\*\*** Without your signature we cannot process this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE BE SURE TO CONTACT YOUR VETERINARIAN AND LET THEM KNOW  
WE WILL BE CALLING. WITHOUT YOUR CONSENT, YOUR VETERINARIAN  
CANNOT RELEASE INFORMATION TO US.**