FOR OFFICE USE ONLY:	APPROVE / DENY	DATE SUBMITTED:	SUBMITTED BY:
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EAST ALABAMA HUMANE SOCIETY

ADOPTION APPLICATION

The dog I'm interested in adopting is:	$_{}$. I'm aware the adoption fee is $\$_{}$			
APPLICANT INFORMATION				
Full Name:		Date of Birth:	/	/
Street:	City/State/Zip:			
Phone Number:	Email:			
HOME ENVIRONMENT				
Type of Residence: O House O Apartme	ent Mobile Home	Other:		
<u>Do you:</u>	ousing Staying with	h Friends/Family O	ther:	
RENTERS: A statement from your landlord Landlord Name / Apartment: Are pets allowed on the premises? Breed/Weight Restrictions: Yes	es	Phone Number:e		
Your application will not be pro	ocessed without your (complete landlord's in	formation	1
Have any dogs escaped your property before If the new dog turns out to be able to get over HOUSEHOLD DETAILS		•		
Co-Applicant's Name (if applicable):		Relation to you:		
How many people live in the home:				
If the dog is going to be with children/elderly/ handle this?				
Have you or any members of your household	l ever suffered from pet	allergies: O Yes O N	0	
Do you have certain areas in your home whe	re the dog is not allowe	d? If yes, please tell us	more:	
Do members of the family work: \(\) part-tim		mployed (retired ()		
Place of Employment:				
If you are not currently employed, how do yo	_			
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Are you or your spouse ACTIVE Duty military? O Yes O No Years in Service: Rank: Rank: What are your plans for future deployments & PCS assignments:
If there is a caregiver outside your home during this time, please provide their contact information:
Name: Phone Number: Relation:
APPLICANT PET HISTORY
Have you ever owned a dog? O Yes O No Have you ever raised a puppy? O Yes O No
List all of your current pets (Name, Type, Breed, Age):
How long have your pets been with you?
Are all the pets in the home spayed and neutered? O Yes O No - If not, why?
Do you agree with mandatory spaying/neutering: O Yes O No – If not, why?
Are all pets in the home current on vaccinations and heartworm test / prevention? O Yes O No
f not, please explain:
Name & Phone Number of current or previous Veterinary Clinic: Name & Phone Number of current or previous Groomer (if applicable):
FIRST TIME PET OWNERS: Please provide a personal reference (preferably a parent):
Name: Phone Number: Relation:
Have you rehomed any of your pets before? If so, please explain the circumstances:
Where did the pet get rehomed to?
List all other pets within the last 5 years, and tell us why they are no longer with you:
Where will the dog be when you are at home ?
Where will the dog be if left alone at home ?
Where will the dog sleep?
How long will your pets be alone on a typical: WeekdayHours WeekendHours
Will this dog ever be tied outside (on a runner / stake / tie out / chain)? O Yes O No
Are there any other animals such as birds/rodents/horses/cows/chickens at the residence? O Yes O No
Will the dog need to get along with these animals? O Yes O No

Rescue dogs may have very little manners/training, may behave differently in your home, may not be housebroken, or may show signs of separation related behaviors including destructiveness, barking etc. Is this something you are prepared for and willing to work with? Yes No
Would you be willing to take your dog / puppy to obedience training classes? O Yes O No
Have you had a dog with behavior challenges before? O Yes O No
If so, please tell us how you worked with them:
If the new dog has behavior problems, how will you address this?
Are there any situations / behaviors you will not tolerate and cause you to remove the dog from the home?
○ Nipping/Mouthing ○ Barking ○ Not Social Enough ○ Poor Watch Dog ○ Sheds Too Much
○ Too Big/Too Small ○ Not Housebroken ○ Too Much Energy ○ Growls at Strangers ○ Moving
○ Can't Afford ○ Not Enough Time ○ Pregnancy/New Baby ○ Other:
Tell us anything further about your home/lifestyle that may help us with placement or if you would like to explain anything further in your application:
Do all those who live in the residence support adopting this dog? O Yes O No
Have all members of the residence met this dog? OYes No
Thank you for taking the time to fill out this application. Please be aware that this does not automatically mean the dog will be placed in your home. We reserve the right to match the dogs' needs against the individual merits of all who apply and not on "first come, first serve" basis. EAHS attempts to work with everyone who is interested in adopting an animal and giving it a new forever home, however EAHS does reserve the right to refuse an adoption application for reasons including, but not limited to: false information is given, veterinary records cannot be verified, current identification and address cannot be verified or if the adoption is not in the best interest of the animal and the adopter. Incomplete applications will not be processed.
I certify that the information I have provided is true and I authorize East Alabama Humane Society to contact veterinarians,
landlords, and personal references to verify all statements in this application, and to follow up property checks. Applicant Signature: Date:

OUT OF AREA ADOPTERS: Send this application to EAHS4pets@yahoo.com along with pictures of:

- 1. Your Backyard
- 2. Your Fencing (including all gates / entry ways)
- 3. The area where the dog will be when left home alone
- 4. The area where the dog will sleep at night.
- 5. Other Pets
- 6. Any other items that you feel will be of assistance