

TWIN COUNTY HUMANE SOCIETY  
ADOPTION APPLICATION

We will not process this application unless it is COMPLETE!

Name: \_\_\_\_\_

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

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

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

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

Best time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Will the pet reside at the address indicated above? Y N

Do you own or rent your home? \_\_\_\_\_

If you rent, do you have your landlord's permission to have pets? \_\_\_\_\_

If you rent, we will need to contact your landlord. Please provide their name and phone number \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Fence Type \_\_\_\_\_

Fence Height \_\_\_\_\_

If no, how will the dog get exercise, etc. \_\_\_\_\_

How many adults in your household? \_\_\_\_\_

How many children and ages \_\_\_\_\_

Are all family members in agreement about adopting this dog? \_\_\_\_\_

Do you own other dogs? \_\_\_\_\_ Cats? \_\_\_\_\_ Other pets? \_\_\_\_\_

Are they spayed or neutered? \_\_\_\_\_

Do you have a regular veterinarian? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

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

Phone(\_\_\_\_\_)\_\_\_\_\_

Where will the dog spend the day?\_\_\_\_\_

How and where would it be confined?\_\_\_\_\_

How many hours will the dog spend alone?\_\_\_\_\_

Where will the dog sleep at night?\_\_\_\_\_

Do you agree to license this dog and give it regular health care?\_\_\_\_\_

Do you provide regular heart worm preventative and flea preventative for your  
pets?\_\_\_\_\_

Do you agree to contact the Twin Co. Humane Society if you can no longer keep this  
animal?\_\_\_\_\_

Will you allow a representative of Twin County Humane Society to visit your home?\_\_\_\_\_

If no, why\_\_\_\_\_

Please give a brief description of the type of dog you are looking for, such as size, male or  
female, age, temperament, etc.

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that all the above information is current and accurate to the best of my knowledge  
and that any willful misrepresentations will result in the termination of any adoption procedures.  
The TCHS reserves the right to remove the animal from my home if it is determined I am not  
providing the care it needs. I am able to provide verification of name and address.

Signed\_\_\_\_\_

Date\_\_\_\_\_