

Northwoods Humane Society  
PO Box 82, Hayward WI 54843  
715-634-5394

**DOG ADOPTION FORM**

Date \_\_\_\_\_ Notified \_\_\_\_\_ PF \_\_\_\_\_

Please Write Clearly, if we can't read it, we can't process it!!

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email address \_\_\_\_\_ Do you OWN or Rent? \_\_\_\_\_

If you rent, please provide your landlords contact information, including phone # and/or email address \_\_\_\_\_

Does any member of your household have pet allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there children in your house? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages \_\_\_\_\_

List the names of all adults living in the household: \_\_\_\_\_

How long each day are you away from home? \_\_\_\_\_

Are there pets in your home now? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of pets and how many? Cat \_\_\_\_\_ Dog \_\_\_\_\_

Where will you keep this dog? Inside \_\_\_\_\_ Outside \_\_\_\_\_ Both \_\_\_\_\_

If you indicated Both, please explain \_\_\_\_\_

How will you contain this dog? \_\_\_\_\_

If you currently own animals, please list your veterinary reference where vaccination records can be found and whose name they will be under. \_\_\_\_\_

Vet clinic \_\_\_\_\_ Phone# \_\_\_\_\_

Please contact Your Veterinarian and give them permission to release your records so that we may finish your pre-adoption form. Then let us know when we can call them.

What is your animal ownership experience? \_\_\_\_\_

What energy level are you looking for in a new dog? \_\_\_\_\_

What breeds are you interested in? \_\_\_\_\_

What requirements must this dog have? \_\_\_\_\_

How experienced do you feel you are as a dog owner? \_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

Signature

I \_\_\_\_\_ give the Northwoods Humane Society permission to confirm any information provided in this application that they deem necessary.

This information will be held in confidence and used only for the purpose of adoption.