

## Rock Springs Humane Society Dog Adoption Application

Date: _____	Phone: _____
Name: _____	Mailing Address: _____
Street Address: _____	State: _____ Zip: _____
City: _____	

To help us decide if you and the chosen dog are well suited for each other, please answer the following questions truthfully and to the best of your ability. You are agreeing to a home visit, which will be done before the adoption is finalized. The results of which will determine adoption eligibility. The Rock Springs Humane Society reserves the right to refuse adoption to anyone for any reason. All adoption fees are non-refundable

Please check the correct answer for the following questions:

1. Are you interested in adopting this animal for: Yourself \_\_\_\_\_ Family \_\_\_\_\_ Someone else \_\_\_\_\_
2. Please check all that apply:  
Watch dog \_\_\_\_\_ Companion \_\_\_\_\_ Hunting dog \_\_\_\_\_ Family Pet \_\_\_\_\_  
Child's Pet \_\_\_\_\_ Companion for other pet \_\_\_\_\_  
Other (explain) \_\_\_\_\_
3. Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_
4. If you lease does your landlord allow pets: Yes \_\_\_\_\_ No \_\_\_\_\_  
Landlords Name: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Where do you live: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condominium \_\_\_\_\_ Duplex \_\_\_\_\_ Modular \_\_\_\_\_
6. Are all members of your household aware that you plan to adopt a dog: Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do all members of your household want a dog: Yes \_\_\_\_\_ No \_\_\_\_\_
8. How many children live in the home? \_\_\_\_\_ Please list their ages \_\_\_\_\_
9. Is any member of your family allergic to animals: Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_
10. Will an adult be home during the day: Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, where your dog be kept? \_\_\_\_\_
11. Will your dog be: Outside \_\_\_\_\_ Inside \_\_\_\_\_ Both \_\_\_\_\_
12. Will your dog: remain chained up outside \_\_\_\_\_ or have a area to run free in \_\_\_\_\_
13. Who will be primarily responsible for the care of your dog? \_\_\_\_\_
14. What training methods will you use to handle potential problems such as barking, chewing, digging, etc.? \_\_\_\_\_
15. Have you ever adopted a pet from the Rock Springs Humane Society before: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you still have your pet: \_\_\_\_\_ If no, please explain why \_\_\_\_\_
16. Pets currently owned: Number \_\_\_\_\_ Type: \_\_\_\_\_
17. Have your pets been spayed/neutered: Yes \_\_\_\_\_ No \_\_\_\_\_
18. Have your pets been vaccinated: Yes \_\_\_\_\_ No \_\_\_\_\_
19. Have you had a dog/cat with an infectious disease, or who has come in contact with an infected animal within the past 3-6 months: Yes \_\_\_\_\_ No \_\_\_\_\_
20. Do you have a completely fenced in yard: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how high? \_\_\_\_\_
21. What will you do with your dog if you have to move from your present dwelling? \_\_\_\_\_
22. What will you do with your dog when you go on vacation? \_\_\_\_\_
23. Who is your veterinarian? \_\_\_\_\_
24. Are you aware of the financial and moral commitment of owing a pet: Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you prepared to meet these costs: Yes \_\_\_\_\_ No \_\_\_\_\_
25. Will your dog be transported in the back of an open pickup truck without being secured in: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, are you aware of the city ordinance regarding this type of transportation: Yes \_\_\_\_\_ No \_\_\_\_\_
26. After you have filled out your application a RSHS representative will visit your home to check the outdoor facility. Is this okay with you: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_
27. Have you ever been convicted of animal cruelty or abandonment: Yes \_\_\_\_\_ No \_\_\_\_\_
28. If this dog is a gift for someone that does not live at your dwelling, please list the following:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

I have read and understand the above, and have answered truthfully to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_