



**Canine Adoption Application**

Animal's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Information – Include any former last names**

Name (first, middle, last): \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

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

Phone Number(s): \_\_\_\_\_

Email (required): \_\_\_\_\_

**Household Information**

How many adults live in the home? \_\_\_\_\_

**Full Name & Birthdate** of each additional adult in the home: \_\_\_\_\_

\_\_\_\_\_

How many children live in the home? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

What type of dwelling do you live in? (Circle One)

-House      - Apartment      -Mobile Home      -Farm      -Other

Do you rent or own your home? (Circle One)      -Rent      -Own      -Land Contract

Please provide homeowner's name and phone number: \_\_\_\_\_

\_\_\_\_\_



**Pet Ownership in the Past 5 Years**

(Please use back of application if you need additional space)

Name of Pet Altered	Breed/Species	Age	Sex	Indoor/Outdoor/Both
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____

If you no longer have the pet(s) listed above, please explain why: \_\_\_\_\_

Which veterinarian did you use for pets you have owned in the past? By providing this information, you are giving us permission to access your past vet records.

Vet Clinic: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name on Vet Records: \_\_\_\_\_

Name of Pets Seen by Vet: \_\_\_\_\_

How do you plan to address negative behaviors or potty training issues? \_\_\_\_\_

Will the dog be kept indoors or outdoors? \_\_\_\_\_

How often will the dog be outside? \_\_\_\_\_

Where will the dog be kept while you are not home? \_\_\_\_\_

Do you plan to take the dog to obedience classes? \_\_\_\_\_



Most veterinarians recommend that new dogs are restricted to a smaller area of the home for a few days/weeks to adjust. Many dogs take at least one month to adjust to a new environment and will benefit greatly from your patience during this transition.

Do you have any concerns regarding the dog you are adopting? \_\_\_\_\_

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### **Adoption Contract- Please Initial Each Statement**

\_\_\_\_\_ I am aware that LCHS cannot guarantee the health or temperament of any animal, with no exceptions

\_\_\_\_\_ I am responsible for this animal after the point of adoption; LCHS will not provide financial support or supplies for any expenses. Including, but not limited to, food, licensing, medications, medical treatments.

\_\_\_\_\_ This animal must be returned to LCHS if I am no longer able to keep it for any reason there will be no penalty or fee. Animals that are euthanized by the owner are not required to be returned to LCHS.

\_\_\_\_\_ LCHS representatives have the right to verify the condition of the animal and request relinquishment if the terms of this contract have not been met.

\_\_\_\_\_ LCHS will not provide a refund if an adopted animal is returned as the adoption fee will be considered a donation, unless the animal is returned within 7 days.

\_\_\_\_\_ The animal I have adopted will be provided with proper food, water, shelter, attention, and medical care. Vaccinations will need to be boosted annually. Dogs must be licensed through the appropriate county every year.

\_\_\_\_\_ By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that the LCHS has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application.

\_\_\_\_\_ Local veterinarians may offer a free health exam; it is my responsibility to contact them for more information. LCHS will not pay for any exams after an animal is adopted.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_