



FM Humane Society

DOG ADOPTION APPLICATION

1201 28th Avenue North Fargo, ND 58102

Phone: 701/239-0077 Fax: 701/239-2580

Dog's Name _____ FMHS # _____

The FM Humane Society strives to place the animals entrusted to our care in permanent, loving homes. The purpose of this application is to aid us in that process and to get acquainted with prospective adopters. We want to help you in your choice of a dog that will be well suited to your family, home, and lifestyle. Your decision is important since this is a lifetime commitment.

PLEASE PRINT:

Name _____ Home Phone (_____) _____

Address _____ Work/Cell Phone (_____) _____

City _____ State _____ Zip _____ E-mail _____

1. Have you ever owned a dog? _____ Who are you adopting this dog for? _____

2. Are all household members in agreement with this adoption? _____

3. Have you ever adopted a pet from this or any Humane Society or rescue organization? Yes No If Yes, do you still have the pet? Yes No If No, please tell us why you no longer have the pet: _____

4. Have you ever given a pet away or surrendered a pet to a shelter/rescue organization? Yes No If Yes, why? _____

5. Do you: a. OWN: _____ House _____ Mobile Home
b. RENT: _____ House _____ Mobile Home _____ Rental Unit (apt., condo, etc.)
c. Live with parents _____ If yes, parent's phone number: _____

If you rent: Name of apartment complex or mobile home park: _____

Name of Landlord: _____ Phone Number: _____

Landlords will be contacted to verify permission to own pets. This includes mobile home parks.

6. Do you want this dog for (check as many as apply):
_____ Guard Dog _____ Companionship _____ Outdoor Dog _____ Service/Therapy
_____ Indoor Dog _____ Breeding _____ Watch Dog _____ Gift for _____

7. Have you discussed the energy level of this dog with a staff member? _____

8. Are you aware of the time, financial cost, and commitment involved in owning this dog? _____

9. Are you a student? Yes No If yes: Full time Part time What will you do with this animal when the academic year is over? _____

10. How many people live in your household? _____

11. Are there children under age 18 in the household? Yes No If yes, ages: _____

12. Do you run a daycare? Yes No If Yes, ages of children: _____

13. Do any household members have pet-related allergies, and if so, to what? _____

(please turn over)

14. Please list all animals in your care in the last 5 years (include roommates' or relatives' pets currently residing in your home):

Name	Cat, Dog or Other	Breed	Age	Spayed/Neutered?	Still own/living in household?
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____
				YES NO	YES NO—why? _____

15. Veterinary clinic for current animals: _____ Phone #: _____

16. During the day, where will this dog be kept? (Circle all that apply)
 INDOORS OUTDOORS CRATE GARAGE KENNEL OTHER _____

During the night, where will this dog be kept? (Circle all that apply)
 INDOORS OUTDOORS CRATE GARAGE KENNEL OTHER _____

17. Do you have a fenced yard? Yes No If yes, type/height: _____

18. This pet will be without human companionship for _____ hours per day, _____ days per week.

19. Do you plan to take your dog to obedience training? Yes No If yes, where: _____

If no, how will you handle any behavioral problems that may occur? _____

20. If you move in the future, what will you do with the animal that you adopt? _____

21. Character reference: List two references who:

- a) know you well
- b) do not live with you (one reference must be unrelated):
- c) did not accompany you to the shelter
- d) local references and phone # (if possible)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone number: _____

Phone number: _____

Since many animals come from unknown backgrounds, FMHS cannot be responsible for the health or behavioral problems and cannot guarantee personality or temperament. Therefore, I am prepared to provide any necessary medical care including regular vet care and annual vaccinations as well as any humane behavioral training required.

_____ (please initial)

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. ***I understand that the FM Humane Society may deny an adoption, for any reason, if they feel it is not in the best interest of the animal.***

Signed: _____ Date: _____