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Thank you for your interest in adopting from Cherryland Humane Society (CHS)! We are excited to help you meet your new family member. Please take a moment to complete the following information.

Animal interested in: _____ Adoption Counselor: _____

Name: _____ Age: _____ Date: _____

Address: _____ City: _____

Main Phone: _____ Secondary Phone: _____

Email Address: _____

CHS strives to ensure that each person that adopts a pet is aware of, and willing to, accept the responsibility of pet ownership. Please understand that CHS accepts multiple applications for each animal and applicants must be 21 years of age. Initials: _____

Do you own or rent? Own Rent | Apartment House Other

Please provide name & number of your landlord: _____

What will happen to your pets if you move: _____

Please explain your household activity level (busy, relaxed, etc.), including the frequency and age of visitors: _____

Do you have a fenced in yard/How will you contain your dog? _____

Please list all of the people living in your household

Name	Age	Relation

How familiar are you with adopting a rescue animal? _____

Have you ever surrendered or given any animals away? If yes, under what circumstances? _____

What are you willing to spend per month to care for your pet? _____

Name & Number of Veterinarian: _____

Please list ALL of the animals that have lived in the household over the last 5 years (Past and/or Current)

Name	Breed	Sex	Age	Spayed/ Neutered	Indoor/Outdoor	Where is the animal currently?

My ideal dog would: _____

Dog habits that I just can't tolerate are: _____

Where will your dog be kept when you are not at home? _____

When it comes to training with dogs, I tend to be:

Easygoing (little to no rules) Moderate (not always follow the rules) Strict (stick to the rules)

How will you handle:

Housebreaking: _____

Problem Behaviors: _____

How much time are you willing to spend to work with the above? _____

Are you willing to consult a professional (Veterinarian/Trainer/Behaviorist)? _____

What circumstances would cause you to return your adopted dog to CHS: _____

Who will be responsible for the care of your animal if you are unable?

Name: _____ Phone Number: _____

CHS reserves the right to contact to above person and verify this information

*By signing this application you accept and understand that a representative from CHS has the right to do a home visit prior to adoption and as a follow up after adoption.

*I certify I have read the above information carefully and that the information in the application is true. I understand that false information may result in denying or nullifying this adoption.

*I understand that if an omission or untruth is discovered after an adoption takes place, the Cherryland Humane Society reserves all rights to annul the adoption and reclaim the animal.

*I give the Cherryland Humane Society permission to fully investigate the information provided, as well as contact veterinarians, and related officials.

*I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animals, and other applications received on this animal.

*I understand it is the Cherryland Humane Society's prerogative to decide which homes is most appropriate and that their decision is final; therefore, I will not argue with the decision. Unless otherwise indicated by the Cherryland Humane Society, I am free to apply and undergo the application process in the future.

Applicant Signature: _____ Print: _____ Date: _____