



# Dog Adoption Application

1750 Ahlberg Road  
Traverse City, MI 49696  
(P) 231-946-5116  
(F) 231-946-3299  
info@cherrylandhumane.org

**Thank you for your interest in adopting from Cherryland Humane Society (CHS)! We are excited to help you find your new family member. Please take a moment to read through and complete the following information with as much detail as possible.**

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: \_\_\_\_\_

Please list all of the people living in your household:

Name	Age	Relation	Allergic to dogs/cats?

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

**Name & Number of current and past 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?

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? \_\_\_\_\_

How familiar are you with adopting a rescue animal? \_\_\_\_\_

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

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)? \_\_\_\_\_

**We require all adopters to attend a CHS training course with their adopted dog. Initials: \_\_\_\_\_**

List at least one circumstance that 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, landlords, 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 home 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:** \_\_\_\_\_