



Dog Adoption Application

1750 Ahlberg Road
Traverse City, MI 49696
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info@cherrylandhumane.org

Adoption Counselor: _____

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(s) interested in: _____ Date: _____

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

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. I have read and fully understand the adoption/application process. Initials: _____

Do you own or rent? (circle) 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

NAME & NUMBER of current and/or past Veterinarian: _____

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

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

What is your household activity level? (circle) Busy | Moderate | Relaxed

What ages and frequency of visitors, visit your home? _____

Please explain your experience/familiarity with pet ownership: _____

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:

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

How often are you planning to exercise your dog? _____

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

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

Easygoing (little to no rules)

Moderate (not always follow the rules)

Strict (stick to the rules)

Please explain how you will handle training: (housebreaking, barking, jumping, etc.) _____

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

We require all adopters to participate in a CHS follow up training session. Initials: _____

List at least one circumstance that would cause you to return your adopted dog to CHS: _____

If you are unable to, who will be responsible for the care of your animal?

Name: _____ Phone Number: _____

CHS reserves the right to contact the 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:** _____