



Dog Adoption Application

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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: _____

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?

Please list **all** of the people living in your household:

Name	Age	Relation

Personality

I am looking for a dog that will be/enjoy: *(Please check boxes)*

Energetic	Active	Playful	Relaxed	Being Alone	Being Around People	Taking Naps	Walks/Hiking	Snuggler	Home Body	Other

Environment

What is your household activity level? *(circle)* BUSY | MODERATE | RELAXED

What ages of visitors, visit your home? 0-3 | 3-9 | 10-17 | 18-29 | 30-59 | 60+

Do you have a fenced in yard? YES | NO If yes, what kind of fence? _____

If no, how will you contain your dog? _____

Routine

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

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

How often are you planning to exercise your dog? _____

Where will your dog be kept when you are not at home? *(circle all that apply)*

CRATE | FREE ROAM | ALTERNATE ROOM | OTHER: _____

Where would your dog sleep at night? *(circle all that apply)*

CRATE | DOG BED | MY BED | SPARE BEDROOM | OTHER: _____

What would a typical day look like for your adoptive dog? *(Ex: exercise, feeding, time alone, etc.)*

Morning Routine: _____

Afternoon Routine: _____

Evening Routine: _____

Night Routine: _____

Sociability

My dog's sociability would need to be: *(Please check boxes to the following)*

	No Preference	Does not Apply to Me	Good Friendly	Neutral	Fair	Willing to Work On	Other
Dogs							
Cats							
Toddlers (0-5 years)							
Children Under 12							
Teenagers (12-18 years)							
Seniors (60+ years)							
Frequent Strangers/Visitors							
Strangers Outside of the Home							
Squirrel, Rabbit, etc.							

Training

What would you be willing to train/work on, with your adoptive dog? *(Please check boxes)*

House-breaking	Barking	Leash Pulling	Jumping	Guarding	Nervousness Around Strangers	Reactivity to Other Animals	Medical Special Needs	Anxiety	None

I would train my dog with: *(Please check boxes)*

Treats	Praise	Professional Trainer	Board & Train	E-Collar/ Prong	Daily Training	Weekly Training	Other

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

Do you understand bringing an adoptive pet home will take transition time & training? YES | NO

Will you commit to this transition/training and agree to follow CHS post adoption advice? YES | NO

Have you ever surrendered or given any animal away? YES | NO

If yes, please elaborate: _____

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:** _____

FOR Cherryland Humane Society USE ONLY

Staff Application Check: Initials: _____

Adoption Counselor: _____

- Adoption Includes (*spay/neuter, vaccinations, microchip, behavioral help*)
- Declawing Alternatives/Problem Behaviors
- Behavior/Medical run down of animal
- We accept multiple application
- Attempt to pair family needs with animal needs. (*energy level, kids, other pets*)

Notes:

Application Committee

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Landlord | <input type="checkbox"/> Cat Test (In-Shelter) |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Dog to Dog |
| <input type="checkbox"/> DNA | <input type="checkbox"/> Animal S/N & UTD |

Notes: (*include dates & initials*)

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