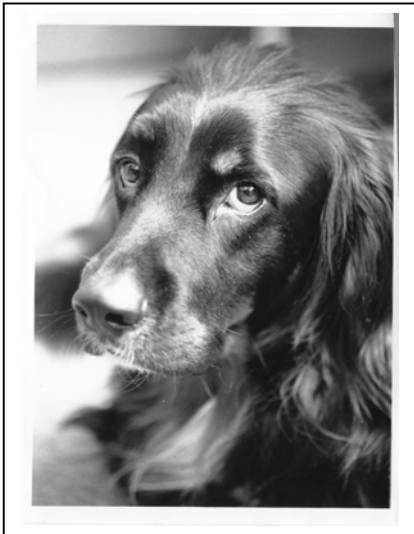


Welcome to the

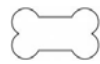
# Whatcom Humane Society



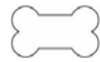
**Seeking a  
permanent,  
loving,  
responsible  
home  
for all  
companion  
animals.**

So that we may be assured that the dog you wish to adopt is best suited to you, your home and your lifestyle, and is placed in an environment that is compatible with his/her needs, we ask that you complete this application.

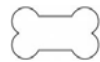
## **FOR YOU TO ADOPT AN ANIMAL, WE NEED YOU TO....**



Be sure that you are financially able to provide for the animal's needs. This includes food, supplies, license and veterinary care.



Be certain you have adequate time to spend with your new pet, including time for training, exercise and grooming.



Have your landlord's permission to bring an animal onto his/her property.



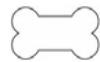
Have the consent of all adults in your household.



Be at least 18 years of age and have verifiable identification.



Complete this application and discuss it with an adoption counselor.



Understand that this is an adoption, not a sale. WHS reserves the right to postpone or refuse an adoption.

**Thank you!**

# People/Animal Companion Profile

Welcome to the Whatcom Humane Society! This application is designed to help us help you make the best possible choice: the right home for each animal and the right animal for your home.

Please reply to the following question carefully and completely. PLEASE PRINT

## Household Information

Name: \_\_\_\_\_ Email \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Do you: Rent \_\_\_\_\_ Own \_\_\_\_\_ Live w/parent \_\_\_\_\_ House \_\_\_\_\_ Apt \_\_\_\_\_ Condo \_\_\_\_\_ Mobile \_\_\_\_\_

Landlord/Property Management Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Length of time at address: \_\_\_\_\_ Others living in household (include ages of children): \_\_\_\_\_

## Pet History

What animals do you currently own? (list below)

Species _____ Breed _____ Age ____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Is your animal Spayed or Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Is your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> <b>How long have you had this animal?</b> _____
---

Species _____ Breed _____ Age ____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Is your animal Spayed or Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Is your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> <b>How long have you had this animal?</b> _____
---

Species _____ Breed _____ Age ____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Is your animal Spayed or Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Is your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> <b>How long have you had this animal?</b> _____
---

What inoculations (shots) have your current animals had in the past year? \_\_\_\_\_

What animals have you owned in the past? (list below)

Species _____ Age ____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Was your animal Spayed or Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Was your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> <b>How long did you have this animal?</b> _____
---

Species _____ Age ____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Was your animal Spayed or Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Was your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> <b>How long did you have this animal?</b> _____
---

Species _____ Age ____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Was your animal Spayed or Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Was your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> <b>How long did you have this animal?</b> _____
---

What is your experience with dogs?

First-time owner

Have had one or two

Knowledgeable & Experienced

Please rate your household's activity level:

Grand Central Station

Couch Potato

Somewhere in-between

## Hopes and Expectations

Why are you interested in adopting a dog? \_\_\_\_\_

\_\_\_\_\_

Do you have a certain type of dog in mind? Yes  No  If yes, please describe below.

\_\_\_\_\_

What personality traits are you looking for in your companion animal? \_\_\_\_\_

\_\_\_\_\_

Where will you keep the dog during the day? (i.e. indoors, indoors & outdoors, at work, in the yard) \_\_\_\_\_

\_\_\_\_\_

How long will the dog be left alone? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

What behavior problems have you experienced with companion animals in the past and how did you resolve them? \_\_\_\_\_

\_\_\_\_\_

Availability to exercise the dog:

- Minimal exercise during the week / lots of exercise on weekends
- Three 15-minute walks a day
- Long morning and evening walks
- Go running 3+ miles a day

## Adoption Follow-up

As part of our commitment to having each adoption be a success, we will be keeping in touch with you. Please indicate the most appropriate time to reach you.

Time \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

## Please read and sign

I hereby release to the Whatcom Humane Society all veterinary records of any and all animals I have had or currently have.

Name of Veterinary Hospital \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

I certify that all the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with future requirements, such as mandatory obedience training, could result in my inability to adopt other animals from the Whatcom Humane Society.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Staff Use Only

Person # \_\_\_\_\_ Animal # \_\_\_\_\_

Microchip# \_\_\_\_\_ License # \_\_\_\_\_

The best match would be: \_\_\_\_\_

\_\_\_\_\_

Pending:

Landlord Approval  Obtained  Denied \_\_\_\_\_

Parental / roommate permission  Obtained  Denied \_\_\_\_\_

Is there a file in Petpoint?  Yes  No

If yes, has this been reviewed with PA?  Yes  No

Comments: \_\_\_\_\_

I have reviewed the following cat-related issues with the potential adopter:

- |  |  |
|--|--|
| <input type="checkbox"/> Dog to dog introduction               | <input type="checkbox"/> Destructive behavior          |
| <input type="checkbox"/> Dog to cat introduction               | <input type="checkbox"/> Chew toys                     |
| <input type="checkbox"/> Separation Anxiety                    | <input type="checkbox"/> Dog training                  |
| <input type="checkbox"/> Shelter behavior vs. behavior at home | <input type="checkbox"/> Identification (lost & found) |
| <input type="checkbox"/> Housebreaking / crate training        | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Dogs and children                     | <input type="checkbox"/> Behavior helpline             |

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adoption counselor reviewing application: \_\_\_\_\_ Date \_\_\_\_\_

Adoption finalized:  Yes  No If no, why not? \_\_\_\_\_

\_\_\_\_\_