



# Dog Adoption Application

Thank you for your interest in adopting from Columbus Humane! We are excited to help you find an animal to join your family. Please take a moment to complete the following information and return this form to an Adoptions Counselor or matchmaker volunteer when you are finished.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best Time to Phone You: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ ID # \_\_\_\_\_

Do you own or rent your home?      OWN      RENT

Please provide the name & phone for your landlord: \_\_\_\_\_

Have you had a dog before? When and for how long? \_\_\_\_\_

How many adults and children currently live in your home?      \_\_\_\_\_ Adults      \_\_\_\_\_ Children

Does anyone in your home have allergies to dogs?      YES      NO

Who will be primarily responsible for caring for this dog? \_\_\_\_\_

How many and what kinds of pets are currently in your home? Please list them.  
\_\_\_\_\_  
\_\_\_\_\_

Who is your *current* veterinarian? \_\_\_\_\_

How often will you plan to take your dog to the vet? \_\_\_\_\_

Where will your new dog primarily live? (circle one)

INDOOR ONLY      INDOOR / OUTDOOR      OUTDOOR ONLY

Daily, your dog will need to be alone...(circle one)

LESS THAN 8 HRS.      8-10 HRS.      MORE THAN 10 HRS.

When you are not home, your dog will be... (circle one)

CONFINED TO A ROOM IN HOUSE      IN A CRATE      LOOSE IN THE HOUSE      YARD/ GARAGE

Please list an alternate contact for your dog's microchip registration:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you interested in receiving Bayer flea, tick, and heartworm product information?      YES      NO