Capital Area
Humane Society
adopt • adore • advocate

Dog Adoption Application

Thank you for your interest in adopting from the Capital Area Humane Society! 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.

_____

_____

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: _____