

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.

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