



**DOG ADOPTION APPLICATION** (All fields required, unless noted)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Contact Method:  Phone  Email

Email (Used for Chip ID): \_\_\_\_\_

Yes, I want to subscribe to CHA's:  Newsletters  Event Notices  Urgent Shelter Alerts  Gift Matching

**The Dog You Want to Adopt** (Mark all that apply)

Age:  No preference  Puppy  Young  Older  Senior

Size:  No pref.  Small  Med  Large Energy Level:  No Pref.  Low  Avg  High

Breed:  No Pref.  Specify: \_\_\_\_\_

Reason for Adopting: \_\_\_\_\_

Name: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Where did you hear about this dog?  Shelter Visit  Friend  Facebook  Instagram  TikTok  X

CHA Newsletter  CHA Website  Petfinder  Adopt-a-Pet  Other, list: \_\_\_\_\_

**About Your Home**

Ownership:  Own  Rent  Parent Owns  Parent Rents  Other, Specify: \_\_\_\_\_

Type:  House  Multi-unit House  Apt/Condo  Mobile Home  Other, Specify: \_\_\_\_\_

If Rent, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have their approval to adopt?  Yes  No, Explain: \_\_\_\_\_

NOTE: If applying with an ESA, please send a copy of the ESA letter with your application.

How many moves in the past 5 years? \_\_\_\_\_ Length at current address? \_\_\_\_\_

**About Your Household**

How many adults live with you? \_\_\_\_\_ How many children live with you? \_\_\_\_\_

How many children visit regularly? \_\_\_\_\_ What are the children's ages? \_\_\_\_\_

List the full names of all adults in the household (list any additional names at the end of the form):

\_\_\_\_\_

Are all household members in agreement with the adoption?  Yes  No

Who will be the dog's primary caregiver? \_\_\_\_\_

Who will be financially responsible for the dog? \_\_\_\_\_

Are any household members nervous or unsure around dogs?  Yes  No

Do any household members have asthma or allergies to dogs?  Yes  No

Describe your household activity level:  Low  Average  High

How long, on average, will your dog be alone during the day?  0-2 hrs  3-5 hrs  6-9 hrs  9+ hrs

**Plans For Your New Dog**

Where will they live:  Inside  Outside  Both      Do you have a fenced yard?  Yes  No  
 Where will the dog be when no one is home?  House  Kennel  Yard  Other, list \_\_\_\_\_  
 Will you allow your dog to have a 3- to 6-month adjustment period?  Yes  No  
 Are you willing to bring your dog to a vet once a year?  Yes  No  
 Are you able to afford all the necessary expenses for your dog?  Yes  No  
 Are you able to commit to providing a lifelong home for your dog?  Yes  No  
 Do you understand a shelter dog's potential behavioral needs?  Yes  No  
 If your dog needs to be rehomed (for any reason), will you contact CHA first?  Yes  No  
 Any behaviors that you will not tolerate?  No  Yes, specify: \_\_\_\_\_

**Your Pet History**

Do you and your household members have experience owning dogs?  Yes  No  
 Have you ever surrendered, given away, or returned a pet?  Yes  No  
 Do you have experience being a primary caregiver for a dog?  Yes  No  
 Are you willing to attend training classes with your dog if needed?  Yes  No  
 Do you have experience: Raising a puppy?  Yes  No    Assisting with a dog birth?  Yes  No

**Current Pets** (List any additional pets at the end of the form)

Pet's Name	Species/Breed	Age	Years Owned	Gender	Spayed/Neutered?	Vaccines up to date?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do your current pets get along with dogs?  Yes  Not sure  No, explain: \_\_\_\_\_  
 Any current pet behavioral or health issues?  No  Yes, list: \_\_\_\_\_  
 Current Vet Clinic: \_\_\_\_\_  
 Previous Vet Clinics: \_\_\_\_\_  
 Okay to verify vet records?  No  Yes, name records are under: \_\_\_\_\_

**Previous Pets** (ALL pets over the last 10+ years, including vet clinics; List any additional pets at the end of the form)

Pet's Name	Species/Breed	Age	Years Owned	How Long Ago?	Spayed/Neutered?	Vaccinated?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What Happened?</b>			<b>Vet Clinic</b>			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What Happened?</b>			<b>Vet Clinic</b>			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What Happened?</b>			<b>Vet Clinic</b>			

