



HUMANE SOCIETY CALUMET AREA, INC.

421 - 45th Street
Munster, IN 46321
(219) 922-3811 · (219) 934-2785 (Fax)
www.hscalumet.org



ADOPTION QUESTIONNAIRE
Dogs and Puppies

THIS SPACE FOR HSCA STAFF USE ONLY			
Date: _____	Hold Until: _____		
Pet's Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Breed: _____	Color: _____	Admit #: _____	Cage#: _____
<input type="checkbox"/> 1 st Pending	<input type="checkbox"/> 2 nd Pending	Received By (initials): _____	
Shown by: _____			Revised 2/09

Thank you for selecting a pet from the Humane Society Calumet Area. Our animals have been loved and wanted at one time, and we want to find permanent, lifetime-committed homes for them. The purpose of this application is to ensure responsible pet ownership. Please allow us two (2) days to review your application. **APPLICANT MUST BE 21 YEARS OF AGE.**

(PLEASE PRINT CLEARLY)

- Applicant's Name: _____
- Name of Spouse/Roommate(s): _____
- How many people currently live in your household?:
Adults _____ Children _____ Ages of Children _____
- Has everyone in your family come to meet the animal yet? Yes No
- Please briefly describe an average day in your home: _____

- What is your current address (proof of address required at time of application):

- Please list any telephone numbers at which you can be reached throughout the day:
- Home: (____) _____ Work: (____) _____ Mobile: (____) _____
- What Number is best to reach you at?: _____
- Email: _____
- Some people own their home while others rent; what are your current living arrangements?:
 House Apartment Condo Other: _____
Do you: Rent Or Own your Home?
If you do not own your home, please tell us about your property owner (landlord):
Name: _____ Phone: (____) _____
- What role will your new pet play in your family (ex. Companionship, playmate for current pet, protection, etc.)?: _____

- Please tell us a little bit about all animals currently living in your home:

Type/Breed Name/Age Spayed/Neutered? Vet Clinic/Phone #

13. If you have had other pets in the past six (6) years that are no longer living with you, please tell us about them:

Type/Breed Name/Age Spayed/Neutered? How long kept? What happened?

14. Different families find different animal characteristics important to them. Which are important to you (ex. good w/ children, lazy, hypo-allergenic, etc.): _____

15. What are your beliefs when it comes to spaying/neutering?: _____

16. How much time will the pet be spending indoors? _____ Outdoors? _____
What outside space will be available (ex. Fenced yard, kennel, etc.) _____

17. Many life changes may occur during the life of your pet (ex. Moving, illness, death in the family, etc.). What would be your game plan should such an event occur? _____

18. Some animals will adjust to their new home within a matter of hours, while others may take considerably longer. What amount of time would you be willing to give this new pet to make this transition in your home? _____

19. Behavior issues are the number one reason that animals are surrendered to shelters and rescue groups even though most can be solved with simple obedience training or a vet visit. If given the proper information & resources necessary to resolve such problems, would you use them?

Yes No If not, please explain why: _____

20. What events would have to occur that would be considered unacceptable to your family and would cause you to return this pet? _____

21. There are many expenses that come with owning a pet. What types of expenses do you think will apply to your new pet?:

- | | |
|--|--|
| <input type="checkbox"/> Vet Bills (Medication, surgeries, health exams, etc.) | <input type="checkbox"/> Food / Treats |
| <input type="checkbox"/> Containment (Crates, kennels, new fence, etc.) | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Grooming (Baths, nail trims, haircuts, etc.) | <input type="checkbox"/> Preventative care |

(heartworm, fleas, ticks, etc.)

I certify that the above is true and correct and give permission to the Humane Society Calumet Area (HSCA) to contact my veterinarian and check medical records of my current animal(s). I understand that the HSCA reserves the right to DENY any application. Any false or incomplete information may result in the nullification of this adoption. If applicant cannot be reached or does not comply with the requirements of this adoption, application will become null and void after 3 days from date of application.

I understand that the Humane Society Calumet Area (HSCA) is not responsible in any way if my animal is exposed to or contracts an illness while doing a dog meet at the HSCA.

Signature of Applicant: _____

Dog Meet Notes: (Staff Only) _____

FOR STAFF USE ONLY

Date: _____ Reviewed By: _____

Check List: Vet _____ Landlord _____ A.C. _____ Spouse/Other _____ DNA _____
Approved: Yes No Reasons: 1) _____
By: _____ (Initials) 2) _____
3) _____
4) _____

Additional Comments or Requirements: _____

