

Plainfield Area Humane Society Dog Adoption Application

Dog's Name				
oday's Date:				
Name:				
Address:				
City:		State:	Zi	p:
Home Phone:		Cell:	W	/ork:
E-Mail:		Place of En	nployment:	
	Но	ome Information	n	
Landlord/Lady's Name: Landlord/Lady's Phone Numb How long have you lived at you If you move in the future, wo If needed, do you have appro	oer:our present add uld you find a r	dress? esidence that allo	ows pets? Yes	 □ No □
Human Household Members	Age	How will they be involved in care?		
Animal Household Members	Age	Breed	Sex	Date of Rabies Vaccination



Name of Vet Clinic:	Phone #			
In order to be approved to adopt from PAHS, all animals in your home must be vaccinated against rabies. Please consult your veterinarian about adopting. They may recommend additional vaccinations to protect your pets.				
Do you have training or behavioral modification ex If so, elaborate:				
Experience with: Resource Guarding Dog Ag Leash Reactivity Cage Reactiv General Command Training C	ggression			
Approximately how long, on an average day, will dogs be left alone in the home (without people to monitor eating, behavior and elimination)?				
Previous experience with animals:				
Are you currently or have you previously adopte If so, which one?	d from any other humane organization?			



Have you ever surrendered a pet	before? Yes□ No□
If so, Why?	
Anything else you would like to	share about yourself or your experience?
Do you understand that (mark	the checkbox to indicate "yes"):
☐ The dog you are adopting may ☐ You take full responsibility for full This dog can live up to, if not m	es her/him to be spayed/neutered? not be housebroken? ully training your dog?
Please provide an emergency of	contact:
Name:	Relation:
Address:	
Phone #	
Signature:	Date: