

Dog Adoption Application Thank you for choosing to adopt from Humane Society, Tennessee Valley!

Date: First Name:							
Address:		Apt #:					
City:	State: Zip Code:						
Primary Phone:	ary Phone: Secondary Phone:						
DOB:	Driver's Licens	se #:		State:			
Email Address							
Do you rent or own your	home? Rent 0	wn Live with Family/	Parents	Live on Campus/Campus Housing			
List any restrictions of	animal ownership at yo	ur residence:					
Have you had a dog bef	ore? Yes No	This dog is for: Mys	elf My 1	family 🔲 A gift 🔲			
Please list all pets curr	ently living in your hom	<u>e:</u>					
Name		Species/Breed	Age	Spayed/Neutered			
				Yes/No			
				Yes/No			
				Yes/No			
				Yes/No			
Please list the people of	urrently living in your h	ome:					
Name		Relationship	Age]			
Hame		Relationship	Agu				
It's most important to r	ne that my dog						
My dog will be alone for	r hours during th	ne day. This dog will be: [□ Indoor □ I	Indoor/Outdoor Outdoor Only			
What qualities are you	looking for in your new	companion? Check all that	apply.				
□ Comfortable with ch	ildren ages:	☐ Trained ☐ House	ebroken 🗆	□ Quiet/Doesn't bark			
□ Cuddly/Affectionate	□ Protective/Gua	rd Dog \Box Good with oth	er dogs				
□ Playful/Energetic	□ Other						
Please know that we do	o not introduce our dog	s to our cats. Ask your coun	selor the best	t way to do an introduction!			
Please check any topic	s you may have questlo	ns/concerns about that yo	u would like to	discuss with us:			
☐ Jumping on people	□ Dogs & Children	☐ Exercise & playtime	☐ Allergies	□ Introducing to other pets			
☐ Veterinary care	☐ Housebreaking	☐ Microchipping	☐ Training ne	eeds 🗆 Other			
How did you hear about	t HSTV?						

THIS SECTION IS FOR STAFF ONLY

Counselor Name: Checked the DNA List: ? Yes No Approved By: Time: Time:			Type of Proof of Address:			
			Animal #1:			
Hold # 1	2 3 4					
Pending Reas	son (Circle all that apply):	Alter	Family Meet	Dog Meet		
Date and Tim	e of scheduled pick up/me	et at the shelter:		-		
Application S	tatus:					
Approved:-	Date:	Staff Name:				
Denied:	Date:	Reason:				
Staff Notes:						