



List the name/s of the animal you are interested in adopting:

Your Name:		1st Choice Dog's Name:	
Address:		2nd Choice Dog's Name:	
City/State/Zip :		3rd Choice Dog's Name:	
Home Phone Number:		<i>Please provide: Email is required for registering microchips upon adoption!</i>	
Cell Phone Number:		Email Address:	

ABOUT YOUR HOME

Type of Home	Do You? Own/Rent/Live with Parents/Dorm/Other <i>(if other explain)</i>	More Information
<input type="checkbox"/> House		Landlord Name: Phone Number:
<input type="checkbox"/> Apartment		How long have you lived at this address?
<input type="checkbox"/> Mobile Home		If you have a Landlord: Have you already spoken to them regarding adopting an animal? (If applying with an ESA, please send a copy of the ESA letter with your application)
<input type="checkbox"/> Dormitory		
<input type="checkbox"/> Other		How many times have you moved in the past 5 years?

ABOUT OUR FAMILY

How many adults live in your house?		
How many children live in house?		Ages of the children in the house
How many children visit often?		Ages of the children who visit
Are all household members in agreement with the adoption?		Is anyone nervous or unsure around dogs?
Who will be the primary caregiver for the dog?		Who will be financially responsible for the dog?
Does anyone have asthma or allergies to dogs?		Describe your household activity level
How long may the dog be alone during the day on average?		Do you have any current pets living with you?

CURRENT PETS

Pet's Name	Species/Breed	Age	Years Owned	Gender	Spayed/Neutered	Up-To-Date on vaccines? Name of vet clinic?

Do your current pets get along with dogs?		What veterinary hospital do you currently use?	
Have you used any other vet clinics? If so, List the names of those clinics:		May we call them to verify your pet's medical records?	
Any behavioral or health issues?		What owner's name are vet records under?	

PET HISTORY

Do you and your family members have experience owning dogs?		Have you ever surrendered, given away or returned an animal?	
Do you have experience being the primary caregiver?		Have you ever had a dog give birth?	
Are you willing to attend training classes with your dog if needed?		If adopting a puppy, do you have experience raising them?	

PREVIOUS PETS - Please list ALL previous pet's from at least the last 10 years. For vet clinic's used, if you used more than one clinic, list ALL clinics used (Note: If you do not list a vet clinic used for your previous animals, your application will not be processed, as it is considered incomplete).

Name	Species/Breed	Spayed/Neutered	Years Owned	What happened to them?	How Long Ago	Vet Clinic Used

PLANS FOR YOUR NEW PET

Will the dog live inside or outside?		Where will the dog be when no one is home?	
Do you have a fenced yard?		Are you willing to allow for an adjustment period?	
Are you willing to bring the dog to a veterinarian annually?		Are you able to afford all the necessary expenses for the dog?	
Are you able to commit to providing a lifelong home?		Do you understand the potential behavioral needs of a shelter dog?	
If the dog needs to be rehomed (for any reason) will you contact CHA first?		Any behaviors that you will not tolerate? If yes, please specify:	

PREFERENCES

Preferred Size:		Preferred Age:	
Preferred Energy Level:		Preferred Breed Type:	
Reason for adopting:			

PLEASE PROVIDE 3 PERSONAL REFERENCES- References must be provided to process the application, You MUST list 3 references or the application will not be processed as it is then considered incomplete

Name	Phone Number	Relationship to You

WHERE/HOW DID YOU HEAR ABOUT THE DOG YOU WANT TO ADOPT?

PLEASE READ THE FOLLOWING:

- CHA reserves the right to refuse any adoption application.
- Animals are not placed on a “first come first serve” basis, it based on the best fit for the animal.
- The information contained within this application is accurate and not misleading in any way.
- CHA reserves the right to contact any individual on this form including veterinarian & landlord.
- CHA cannot guarantee the long-term health or temperament of any animal.
- CHA will not consider any incomplete applications.

Please make sure all questions are answered and ask a staff member for clarification if necessary.

By signing below you verify that you read and understand the terms listed above. (If you are emailing this form back, you will be asked to sign a hard copy of this form once approved)

Signature: _____

Date: _____

NEXT STEPS IN THE ADOPTION PROCESS:

***** IF YOU HAVE PREVIOUSLY/CURRENTLY USE WILLOW ANIMAL HOSPITAL IN ASHLAND WI OR GRAND AVE VET CLINIC IN DULUTH MN, PLEASE CALL THE CLINIC TO RELEASE YOUR RECORDS. Without a records release we cannot process your application.**

***** Please allow up to 48 hours for your application to be processed**

***** Please call the shelter at 715-682-9744 after the 48 hours has elapsed to check on the status of your application. Due to the volume of applications we receive daily, You are responsible for calling or emailing to check in on the status of your application. We will not necessarily call you when it is approved, so please check back in with us.**

APPLICATION PROCESSING NOTES: (please provide any notes below in regards to the information you provided in the application, if you feel they are necessary to aid in the processing of your application)
