



FRANKLIN COUNTY DOG SHELTER – ADOPTION APPLICATION

DATE: _____ / _____ / _____ FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 E-MAIL: _____ HOME PHONE: _____ WORKCELL PHONE: _____

NAMES & AGES OF EVERYONE IN YOUR HOUSEHOLD:

1	I have owned a dog before.	YES	NO			
2	The last time I had a dog was	2 – 10 years ago	More than 10 years ago			Within the last year
3	My dog needs to get along with other dogs.	NO				YES
4	My dog needs to be good with (circle all that apply)	Children over 8 years old	Children under 8 years old	Elderly People		Cats Animals other than dogs / cats
5	My dog will primarily be an	Inside dog				Outside dog
6	How many hours will your dog spend outside per day? _____ hours where? _____					
7	My dog needs to be able to be alone...	4 hours or less per day	8-10 hours per day	2 hours or less per day	12 hours per day	
8	When I'm at home, I want my dog to be by my side...		All of the time	Some of the time	Little of the time	
9	When I'm not at home, my dog will spend its time...	In the garage In a crate inside the house	In the yard			Loose in the house Confined to one room in the house
10	I want a guard dog	NO				YES
11	I want my dog to hunt or herd with me.	NO				YES
12	I want my dog to be very enthusiastic in the way he/she shows that he/she loves people.		Not at all	Somewhat	Very	
13	I want my dog to be playful.		Not at all	Somewhat	Very	
14	I want my dog to be laid back.		Very	Somewhat	Not at all	
15	I am comfortable doing some training with my dog to improve manners like jumping, stealing food, pulling on the leash.		No training	Some training	A lot of training	
16	I (or my children) want to compete in Agility, Flyball, or Obedience with our dog.		NO		YES	
17	I am interested in a dog with "special needs" (medical or behavior).		NO		YES	
18	How much do you think you'll spend yearly for the care of your dog? (Food, medical care, boarding, toys, etc.) \$ _____					
FOR OFFICE USE ONLY:		N	P	O	G	D: 2-3-4-5-6-7-9-10-11-18

**PLEASE INITIAL BELOW TO ACKNOWLEDGE
THAT YOU UNDERSTAND AND
WILL ADHERE TO THE FOLLOWING**

I am physically able to care for this dog. _____

I understand that proper food, veterinary care, bedding, toys, a crate, and other necessary supplies can be costly and I am financially able to meet these requirements. _____

I understand that if the information I have provided in this adoption application is found to be false, my application will be refused and the dog I have adopted shall be relinquished to the Franklin County Dog Shelter without a refund of the adoption fee. _____

I understand that the Franklin County Dog Shelter reserves the right to refuse an adoption of any animal to any person. _____

I understand that dogs adopted from the Franklin County Dog Shelter come from a variety of sources and may have health or temperament problems that have not been observed while the dogs were housed at the Shelter. _____

I understand that the Franklin County Dog Shelter will NOT reimburse me for any future veterinary expenses, including a wellness check, and that I am not entitled to a refund of the adoption and/or license fee. _____

I agree to call my veterinarian immediately and schedule a wellness examination for my new pet. I understand that this examination should be completed within 10-14 days from the date the dog was adopted. _____

I agree to return this dog to the Franklin County Dog Shelter if I decide at any time, for any reason, that I can no longer care for the dog. _____

I agree to keep my adopted dog as an "indoor only" dog, including having the dog sleep indoors at night. The Franklin County Dog Shelter believes that all dogs regardless of size or breed, are happier, healthier and safer when they can be kept indoors with their owners the majority of the time. _____

I agree to license my dog annually by January 31st, keep the rabies immunization up to date, keep my dog(s) properly confined or under reasonable control, and have the license and rabies tags displayed on the dog's collar or harness at all times. _____

Signature: _____ Date: ____/____/____

Do not write below, for Shelter use only

- Adoption approved** Adoption approved with veterinary agreement
 Adoption approved with training agreement

Dog customer adopted:

Dog's name: _____ **Cage #:** _____ **Impound #:** _____

Adoption denied (check all reasons below)

- Not current with Vet care No pets allowed at residence Volunteer hours needed
 No breed experience Dog to be kept outside Other: _____

Customer opted not to adopt at this time (check all reasons below)

- Dog interested in no longer here Could not find a dog at this time
 Customer left without talking to Clerk Other: _____

Follow-up needed by shelter to assist customer

Further follow-up needed by customer (check all reasons below)

- Need to bring in family member Need to bring in roommate
 Need to bring in family pet Need information from landlord
 Need additional info from Vet Other: _____
 Need education/behavior counseling

Comments:

Clerk: _____ **Date:** ____/____/____