



## DOG/PUPPY ADOPTION APPLICATION

Date \_\_\_\_\_  
Animal \_\_\_\_\_ # \_\_\_\_\_  
Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Rimrock Humane Society  
P.O. Box 834  
Roundup, MT 59072  
(406)-323-3687  
(406)-323-1863 (FAX)  
wschurch@midrivers.com

### WELCOME TO THE RIMROCK HUMANE SOCIETY

We are happy that you have come to us to adopt a dog/puppy. We hope that we can be of service to you. To help ensure that the animal you want will be best suited to you, your home and lifestyle, and that the animal will be placed in an environment compatible with its needs, we ask your cooperation in filling out the application. We hope you will agree that the animal's welfare **MUST** be our foremost consideration. Upon completion of this application, a staff member will discuss the adoption with you and answer any questions you might have. We ask for your patience and cooperation. Thank you.

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Name(s) of other adults in household \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Who will be responsible for this animal? \_\_\_\_\_

Do you live in a: (circle one) House Apartment Duplex Mobile Home

Other \_\_\_\_\_

Do you: Own  Rent  Live with parents, relative, or guardian ?

If renting, does your landlord/rental agency allow pets? \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

Do you anticipate moving within the next six months? \_\_\_\_\_

If you move sometime in the future, what will you do with your pets? \_\_\_\_\_

Do you have children at home? \_\_\_\_\_ Ages? \_\_\_\_\_

Are they used to animals? \_\_\_\_\_ Is anyone allergic to animals? \_\_\_\_\_

Do all adult members of the household know that you plan to adopt a dog? \_\_\_\_\_

Why do you want this animal? (Please circle one or more of the following)

Companion Guard Dog Companion for the Kids Watch Dog Hunting Dog

Companion for Other Dog/Puppy For Breeding Stock Dog Gift

Other \_\_\_\_\_

Do you have other animals at home? Yes  No  How many? \_\_\_\_\_

If yes, please provide the following information on your animals:

Kind	Animal's Name	Sex	Age	Time Owned	Spayed/ Neutered

Are all your pets current on their vaccinations? Yes  No

What is the name your veterinarian/clinic? \_\_\_\_\_

How many hours per day will this pet be alone? (without human companionship) \_\_\_\_\_

Where will this dog be during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Will this dog be allowed indoors? \_\_\_\_\_ Where will this dog sleep? \_\_\_\_\_

When this animal is outside, will it be: In a fenced yard  On a leash  Allowed to run loose  On a trolley  Chained  Other \_\_\_\_\_

If the yard is fenced, will it safely confine this animal? \_\_\_\_\_

Type of fence \_\_\_\_\_ Height \_\_\_\_\_

What kind of outside shelter will be provided? \_\_\_\_\_

Are you willing to enroll this dog in obedience classes? \_\_\_\_\_

Are you aware of your local animal control regulations? \_\_\_\_\_

Is your dog licensed? \_\_\_\_\_ Will you license this dog? \_\_\_\_\_

How many pets, other than the ones previously listed, have you owned in the last five years? \_\_\_\_\_

What happened to them? \_\_\_\_\_

Would you allow our representative to see this animal in its new home? Yes  No

Are you aware of the financial commitment and responsibilities of owning a companion animal? (Approximately \$400 a year for food, vaccinations, licensing, etc., not including emergency medical care.) Yes  No

Are you willing to spend this much or more? \_\_\_\_\_

REFERENCES

One reference must be a veterinarian. Other references may include neighbors or co-workers.

FOR EACH REFERENCE PLEASE LIST THE FOLLOWING:  
NAME/RELATIONSHIP/PHONE NO. (with area code)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from the Rimrock Humane Society. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training affection and medical care. I am in full agreement with these terms of adoption. The Rimrock Humane Society is in no way liable or responsible for any damage, accident or injury resulting from the placement of a dog in my household.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The Rimrock Humane Society reserves the right to refuse any applicant!**