

DOG/PUPPY ADOPTION APPLICATION

| Date | |
|--------|---------|
| Animal | # |
| Breed | _SexAge |

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 hou | usehold | | | | |
| Street Address | | | | | |
| CityCounty | Y | State | | Zip | |
| Mailing Address (if different fr | | | | | |
| Email Address | | | | | |
| Home Phone | Wc | ork Phone | | | |
| Place of Employment | | | | | |
| Who will be responsible for th | is animal? _ | | | | |
| Do you live in a: (circle one) | House | Apartment | Duplex | Mobile Home | |
| Other | | | | | |
| Do you: Own 🗆 Rent 🗆 Live v | vith parents | , relative, or gu | ardian 🗆 ? | | |
| If renting, does your landlord/ | rental ageno | cy allow pets? _ | | | |
| Landlord's Name | | _Landlord's Pho | one # | | |
| How long have you lived at yo | ur present a | ddress? | | | |
| Do you anticipate moving with | | | | | |
| If you move sometime in the f | ⁱ uture, what | will you do wit | h your pets: | ;? | |
| Do you have children at home | ? | Ag | ges? | | |
| Are they used to animals? | | | | | |
| Do all adult members of the h | ousehold kn | ow that you pla | an to adopt | : a dog? | |
| Why do you want this animal? | ? (Please cire | cle one or more | e of the foll | owing) | |
| Companion Guard Dog | Companion 1 | for the Kids V | Watch Dog | Hunting Dog | |
| Companion for Other De | og/Puppy | For Breeding | Stock Dog | Gift | |
| Other | | | | | |

| Kind | Animal's Name | Sex | Age | Time Owned | Spayed/ Neutered | |
|---|--|-------------------|-------------------|--------------------|---------------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Are all your pets curre What is the name you | r veterinarian/clinic? | | | | | |
| How many hours per o | during the day? | oner (| without ۲۰۰۰ | numan cor Jahta | npanionsnip) | |
| Where will this dog be Will this dog be allowe | d indoors? | | At n o will +k | ignt: | | |
| When this animal is ou | | | | | | |
| On a trolley \Box Chaine | | | • | | | |
| If the yard is fenced, w | vill it safely confine th | nis anim | nal? | | | |
| Type of fence | | | | | | |
| What kind of outside s | | | | | | |
| Are you willing to enro | oll this dog in obedier | nce clas | ses? | | | |
| Are you aware of your | local animal control | regulat | ions? | | | _ |
| Is your dog licensed?_ | | | | | | |
| How many pets, oth | er than the ones p | revious | ly liste | d, have yo | u owned in th | e last five |
| years? | | | | | | |
| What happened to the | | | | | | - |
| Would you allow our r Are you aware of th animal? (Approxima emergency medical ca Are you willing to sper | e financial commitn tely \$400 a year fo re.) Yes 🗆 No 🗆 | nent a r food, | nd resp | onsibilities | of owning a d | companion |

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!