



Worcester County Humane Society Dog Adoption Application

12330 Eagles Nest Rd. | Berlin, MD 21811
410-213-0146 | worcestercountyhumanesociety.org

We request the following information and a consultation with an adoption counselor to help you find a dog with the qualities you'd like and who matches your lifestyle.

To be considered as an adopter, you must:

- Be 21 years of age
- Have the knowledge and consent of all adults living in your household
- Have a valid ID with current address
- Have the knowledge and consent of your landlord if applicable
- Understand that The Worcester County Humane Society must approve your application (based on the policies set by the board of directors.)

Are you interested in adopting a particular dog?

Yes - Name _____ No

Have you adopted a pet from us before? Yes No

Are you affiliated with The Worcester County Humane Society or do you know someone affiliated with us?

Yes - Explain _____

No

What type of dog are you looking for? (check all that apply)

Male Female Puppy Adult Senior

Small (20 lbs or less) Medium (20 to 40 lbs)

Large (40 lbs and larger)

Special Needs: Medical Special Needs: Behavioral

What energy level are you looking for in a dog?

High energy Medium energy Low energy

About Me and My Home

What type of home do you live in?

House Apartment Condo

Duplex Mobile Other

Number of adults in your household _____

Number of children (under age 18) in your home _____

Ages _____

Are there any persons who regularly visit the home (grandchildren, family members, etc)? Yes No

Explain and list visitor(s) ages below.

How much time daily will you spend with your dog?

Does your home have a dog or cat door?

No Yes, dog door Yes, cat door

Describe the living environment for your new dog:

House pet, except for exercise and elimination

Basement, garage, porch or sunroom

Mostly outside, inside in bad weather

Outside with a dog house

Outside with access to barn or other building

Other: _____

How many hours each day will your dog be home alone without human companionship? _____

When home alone, your dog will be: (check all that apply)

Loose inside house In a crate inside house

In a garage, sunroom, basement

Outside in fenced area if nice weather

Outside free to roam in unfenced area

Inside or outside in fenced yard, using doggie door

Outside secured to a chain or cable

Dog daycare

Other _____

What type of obedience training do you plan to use?

Obedience classes In-home professional trainer

I will train myself

Other _____

Would you allow our representative to visit your home before the adoption is completed?

Yes No

DOG ADOPTION APPLICATION

Name (First, Middle, Last)		Date of Birth ____ / ____ / ____			
Street Address (Physical Address)		Home Phone:			
		Cell Phone			
City, State, Zip		Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent			
List all Adults in your Home (Legal Names & DOBs)		Landlord's Name:			
		Landlord's Phone:			
How long have you been at current address? (If less than one year, please list previous address below):					
Are you: <input type="checkbox"/> Working <input type="checkbox"/> Attending school <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other:					
What pets have you owned in the past?					
Pet's name	Breed/type of pet	Age	Sex	Spayed/neutered	Do you still have this pet?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Who is/has been your veterinarian?				Veterinarian's phone	
Veterinarian's address					
Please list two (2) personal references (not related to you):					
Name				Phone	
Name				Phone	
By submitting this form, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is property of the Worcester County Humane Society.					
Signature: _____ Date: _____					
Spouse/Partner/Roommate Signature: _____ Date: _____					
How did you hear about the dog you are interested in?					
<input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Petfinder <input type="checkbox"/> Fundraiser <input type="checkbox"/> Petco <input type="checkbox"/> Petsmart <input type="checkbox"/> Concord Pet <input type="checkbox"/> Other:					

OFFICE USE ONLY

- Real property search
- If renting, letter of approval from landlord
- Google Earth search
- Judiciary Case search

Approved: Yes No