



Thank you for choosing to adopt from the Kitsap Humane Society! To ensure that KHS animals and adopters are properly matched, we ask that you complete our adoption survey before proceeding to a meet and greet. We strive to ensure the compatibility of the human and animal and in some cases, an adoption may not be approved based on incompatibility. Kitsap Humane Society cannot guarantee the health status or behavior of the shelter pets you meet during the adoption process. By completing this survey and participating in an adoption counsel, you shall agree to indemnify and hold harmless Kitsap Humane Society and its representatives from liability and claim for any damages because of bodily injury, injury to your pet, sickness, or disease resulting from interactions with shelter pets during the adoption process.

Date: _____ Last Name: _____ First Name: _____

Home Address: (Street) _____ Apt./Building #: _____

(City): _____ (State): _____ (Zip): _____

Mailing Address, if different: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Email Address: _____ Partner/Spouse Name _____

Alternate Contact (for microchip) Name: _____ Phone: (_____) _____

Alternate contact does not live in the same household.

I am interested in meeting the following dog(s)/puppy(ies) today: _____

Household Information:

Please select your age range: 18-20 21-25 26-35 36-59 60+

Number of adults in the home: _____

Number of children under 18 in the home: _____ Age of each child: _____

Do you: Rent Own Live with relative(s)

Do you plan to move in the next 6 months? Yes No

Do you have a fenced yard? Yes No If yes, what is the height and type of fencing? _____

What best describes your dog experiences?

I've never had a dog As a child, I grew up with a dog(s) As an adult, I have owned a dog(s)

I currently share my home with the following animals:

Dog / Cat / Other Species	Age	Breed	Male / Female?	Spayed / Neutered?	Length of Ownership?

Home Environment:

The activity level in my house is usually:

- A place with constant activity & noise
- Sometimes noisy, sometimes quiet
- Quiet & calm most of time

My dog will be around children:

- All of the time
- Some of the time
- None of the time

When I'm not at home, my dog will spend his or her time:

- In the garage In the yard Loose in the house
- In a crate in the house At a Doggy Daycare Facility
- Confined to one room in the house

My dog will need to be alone:

- Less than 4 hours a day 4-8 hours a day
- 8-10 hours a day 10+ hours a day

The main ways I plan to exercise and socialize my dog will be:

(check all that apply)

- Leash walking
- Jogging
- Free roam on property
- Hiking/Outdoor activities
- Playtime in the yard
- Going to the dog park
- Going to dog friendly establishments
- Other _____

Personal Experience & Preferences:

I want my dog to be:

- Calm and easy going
- Middle of the road
- Energetic and playful

Do you have experience training dogs to resolve or manage challenging behaviors?

(Examples: reactivity to dogs and/or people, escape tendencies, separation anxiety, jumpy/mouthy)

- No experience
- Some experience
- A lot of experience

Dog behavior(s) with which I am not comfortable include:

- Reactivity to dogs Reactivity to people
- Escape tendencies Separation anxiety
- Jumpy/mouthy Destructive Tendencies
- Potty Training Excessive Vocalization
- Fear-based bite history with humans
- History of altercations with other animals

I'm open to a dog with special needs

(for behavior or medical reasons):

- Yes No Maybe

I certify that the above information is true. I understand that giving false information on this application is grounds for denying my application. I understand that this application remains the property of Kitsap Humane Society.

Signature: _____ Drivers License: _____ State: _____

Internal Use Only:

Approved for ID# _____ Name _____ Counselor Notes:
<input type="checkbox"/> Yes
<input type="checkbox"/> Yes, pending Meet and Greet
<input type="checkbox"/> Yes, pending surgery
<input type="checkbox"/> No
Counselor _____ Meds to go home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vaccines up-to-date and recorded in SB? <input type="checkbox"/> Yes <input type="checkbox"/> No Needs leash and collar? <input type="checkbox"/> Yes <input type="checkbox"/> No