



BOND COUNTY HUMANE SOCIETY DOG ADOPTION PROFILE

2510 S. Elm
Greenville, IL
62246
618-664-4068

Dog Name or Description of dog you are interested in adopting: _____
Date: _____

This adoption profile will help determine if the adoption is in the best interest of the pet and the adopter. All applications are subject to approval by Bond County Humane Society. Please note adoption fees are non-refundable unless approved by a BCHS Officer. The minimum age for adopters is 21 years of age.

Name: _____ Address: _____

City/State/Zip: _____ Phone: Home: _____ Work: _____

Email: _____ Date of birth: _____

Occupation: _____

Do you rent or own? ____ Single Family, Apt, Condo, Townhouse, Mobile Home, Military Housing?

If you rent, please provide your Landlord's name & number: _____

How long have you lived at your residence? _____

If less than 1 year, please state how long at previous address: _____

How many adults in household? ____ How many children? ____ Children ages & gender: _____

Is this pet for you and your immediate family living in the same household? _____

Do any family members suffer from allergies? ____ If yes, please describe _____

How would you describe your family's lifestyle? Very Active Moderately Active Slightly Active

Are all family members in agreement about adopting a pet? _____

Who will be the primary caregiver for the pet? _____

Do you currently have any pets? ____ If yes, please list below.

Please list all the animals you have owned in the past 5 years, including deceased, lost, or rehomed:

Name/Age				
Breed				
Gender/Altered				
Do you still own?				
If you no longer own the animal where are they now? <i>Please explain in detail.</i>				
Provide description of pet's temperament.				

Do you have a regular Veterinarian? _____

NOTE: If you currently own a pet or have owned one in the last 5 years, a veterinarian reference is required to process your application. If a vet reference is not supplied, please explain.

Name: _____ Address: _____

Phone: _____ How long have you been with this vet? _____

The reason I cannot supply a vet reference is: _____

Do we have permission to contact the veterinarian identified to obtain your current or past animal(s) vaccination, flea and heartworm prevention history? _____ If no, your application for adoption cannot be processed.

Have you owned a pet longer than 5 years ago? _____ If yes, please describe your previous experience. _____

Why do you want to adopt a dog? _____

How long has it been since you've had a puppy? _____

What would you do if this dog(s) doesn't get along with your current pets? _____

On average how many hours will the dog(s) spend alone each day? 0-2 3-5 6-8 9+

Where will the dog(s) be kept when you are not home? Outside / Crate / Free Roam / Other

Where will the dog(s) be housed? Basement / Outdoor kennel / Garage / House / Tie Out / Fenced yard / Other: _____

What type of sleeping arrangements will you provide for your dog(s)? Bed / Crate / Other _____

Do you plan to crate your new dog? _____

Do you have a fenced in yard? _____ Height/Style: _____ If yard is not fenced, how will you handle the dog's exercise and toilet duties? _____

Have you ever participated in Obedience training classes? Yes No Please describe your experience with training and behavior programs: _____

If adopting a dog, will you enroll the dog in obedience classes? Yes No If no, please explain why: _____

Do you have the time, patience, love, and ability to exercise a dog? _____

How will you correct or reprimand your dog? Physical / Verbal / Other

What traits are you looking for in a dog (age, gender, temperament)? _____

What type of activities would you like to do with the dog? _____

What reasons would cause you to not be able to keep the dog? _____

PLEASE PROVIDE A NON-FAMILY REFERENCE

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Relationship: _____

Do we have permission to contact the reference provided? _____ If no, your application for adoption cannot be processed.

Do you agree to license this pet and give it regular health care for the life of the pet? _____

Do you agree to contact Bond County Humane Society if you decide not to keep this pet for any reason? _____

Would you be willing to allow someone designated by BCHS to visit your home by appointment? If no, please explain: _____

Do you agree to abide by all applicable state, county, and municipal laws applicable to animals and their care? _____

Have you applied with any other shelter or rescue within the past year? _____ If so, what was the result? _____

The information on this application will be kept confidential. I certify that all the information provided above is complete and correct to the best of my knowledge.

Signature

Date

For BCHS Use Only

Vet Check: _____ Date: _____ Notes: _____

Landlord Check: _____ Date: _____ Notes: _____

Reference Check: _____ Date: _____ Notes: _____