

Welcome to the  
**Whatcom Humane Society**



**Seeking a  
permanent,  
loving,  
responsible  
home  
for all  
companion  
animals.**

So that we may be assured that the dog you wish to adopt is best suited for you, your home, and your lifestyle and is placed in an environment that is compatible with his/her needs, we ask that you complete this application.

**FOR YOU TO ADOPT AN ANIMAL,  
WE NEED YOU TO...**

- \* Be sure that you are financially able to provide for the animal's needs. This includes food, supplies, license/identification, and veterinary care.
- \* Be certain you have adequate time to spend with your new pet, including time for training, exercise, and grooming.
- \* Have your landlord's permission to bring an animal onto his/her property.
- \* Bring in others living in the household to meet the pet you are interested in adopting.
- \* Be at least 18 years of age and have verifiable identification.
- \* Complete this adoption application and discuss it with an adoption counselor.
- \* Understand that this is an adoption, **not a sale**. The Whatcom Humane Society reserves the right to postpone or refuse an adoption.

**Thank you!**

## Person/Animal Companion Profile

Welcome to the Whatcom Humane Society! This application is designed to help us help you make the best possible match: The right home for each animal and the right animal for your home.

Please reply to the following questions carefully and completely. **(Please print clearly using ink)**

### Household Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_  
Do you (Please check): Rent  Own  Live w/parent  -in a- House  Apt  Condo  Mobile   
Landlord/Property Management Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Length of time at address: \_\_\_\_\_ Others living in household (include ages of children): \_\_\_\_\_

### Pet History

What animals do you **currently own**? (list below)

Species: _____ Breed: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Is the pet spayed or neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Is your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Age of pet: _____ <b>How long have you had this pet?</b> _____
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Whatcom County residents, if you own dogs, are they licensed? (required by law)? Yes  No

City of Ferndale residents, if you own cats, are they licensed? (required by law)? Yes  No

What vaccinations have your current animals had in the past year? \_\_\_\_\_

What animals have you **owned in the past**? (List up to three previously owned pets below)

Species: _____ Breed: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Was the pet spayed / neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Was your pet kept:</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Age of pet: _____ <b>How long did you have this pet?</b> _____
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## Hopes and Expectations

Why are you interested in adopting a dog? (i.e. companion, hiking/jogging buddy) \_\_\_\_\_

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Do you have a certain type of dog in mind (i.e. size, breed mix) Yes  No  If yes, please describe.

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What personality traits are you looking for in your companion animal? (i.e. energetic, mellow) \_\_\_\_\_

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Where will you keep the dog during the day? (i.e. indoors, at work, in the yard) \_\_\_\_\_

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Where will the dog sleep at night? \_\_\_\_\_

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How long will the dog be left alone (without human companionship) each day? \_\_\_\_\_

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What behavior problems have you experienced with dogs you have owned and how did you resolve them? \_\_\_\_\_

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### Ability to exercise a dog:

- Minimum exercise during the week / lost of exercise on weekends
- Three 15 minute walks a day
- Long morning and evening walks
- Go running 3+ miles per day
- Other \_\_\_\_\_

### Please read and sign below

- As part of the commitment to having each adoption be a success, I understand that the Whatcom Humane Society may contact me for adoption follow-ups if I adopt a pet.
- I hereby release to the Whatcom Humane Society all veterinary records of any/all animal(s) I have had or currently have. Name of Veterinary Hospital: \_\_\_\_\_
- I certify that all the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with future requirements, such as mandatory obedience training or not providing a follow-up veterinary exam, could result in my inability to adopt other animals from the Whatcom Humane Society.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*For Staff Use Only\*\***

Person # \_\_\_\_\_ Animal # \_\_\_\_\_  
Microchip # \_\_\_\_\_ License/ID Tag # \_\_\_\_\_

**Pending:**

Landlord Approval: Obtained  Date/Initials \_\_\_\_\_ Denied  Date/Initials \_\_\_\_\_

Landlord notes: \_\_\_\_\_

Is there a file in PetPoint? Yes  (If yes, add notes below) No

Person file notes: \_\_\_\_\_

**I have reviewed the following dog-related issues with the potential adopter:**

- |  |  |
|--|--|
| <input type="checkbox"/> Dog to dog introductions          | <input type="checkbox"/> Dogs and children                       |
| <input type="checkbox"/> Dog to cat introductions          | <input type="checkbox"/> Destructive behavior                    |
| <input type="checkbox"/> Separation anxiety                | <input type="checkbox"/> Exercise / toys                         |
| <input type="checkbox"/> Shelter behavior vs home behavior | <input type="checkbox"/> Positive, reward based training         |
| <input type="checkbox"/> Housebreaking / crate training    | <input type="checkbox"/> Behavior help access (call the shelter) |
| <input type="checkbox"/> Identification / microchips       |  |

**Counselor comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Counselor name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Counselor name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

