



www.humanecherokeeconomy.org
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CANINE ADOPTION APPLICATION

APPLICANT - Name: Date:

Street Address:

Mailing Address (if different):

City: State: Zip:

Phone #: Best time to call: Email:

Employer: How Long?: Location: Work Phone:

SPOUSE OR SIGNIFICANT OTHER - Name: Length of Relationship:

Employer: How Long?: Location: Work Phone:

DOG(S) WANTED - TYPE (select all below that apply):

- Dog (adult, 1 year or older)
Puppy (6 to 12 months)
Puppy (under 6 months)
Male Female
Indoor only Outdoor only
Indoor/Outdoor

DESCRIPTION:

Breed:
Color/pattern:
Size:
Hair type/length:

OR - List the NAME(S) of the dog(s) you are applying for below:

HOUSEHOLD INFORMATION - Type of residence (house, apartment, etc.): Do you own or rent this residence?:

Apartment name, landlord's name/phone # (if renting):

Adults (#): Relation: Children (# and ages):

Dogs (#): Cats (#): Other Pets (type and #):

- Does everyone in your household want a dog? How long have you been wanting to get a dog?
Is anyone in the household allergic to dogs? About how many hours per day is someone home?
What is your basic lifestyle? (Calm, busy, noisy, etc.)
Where will the dog spend most of its time?
Who will be the main caregiver? Has anyone in your household had other pets?
If so, what kind? What happened to them?
Do you have a fence? What type/height?
Can you afford proper care for a dog (good quality food, vaccinations, flea/tick preventive, de-worming, etc.)?

VETERINARIAN - Name: Phone #:

Location: Name of person account is under:

If none, which vet do you plan to use?:

REFERENCES - cannot be related to you - please provide a NAME and PHONE NUMBER for each reference

- 1.
2.

BY SIGNING BELOW YOU: CERTIFY that all information provided is accurate, UNDERSTAND that all applications will be processed for accuracy and references checked, UNDERSTAND that applications that are incomplete may be voided and not contacted, UNDERSTAND that HSCC HAS THE RIGHT TO DENY ANY APPLICANT FOR ANY REASON

APPLICANT SIGNATURE: DATE: