

**McCOOK HUMANE SOCIETY**  
**DOG ADOPTION APPLICATION**

NAME: \_\_\_\_\_ OVER 21 YEARS OF AGE? \_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_

OWN YOUR HOME? \_\_\_\_\_ RENT? \_\_\_\_\_ (if yes, must have landlord approval)

IS YOUR YARD FENCED? \_\_\_\_\_ HOW WILL YOUR DOG BE EXERCISED? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_ WHERE WILL HE SPEND THE DAY? \_\_\_\_\_

WHERE WILL HE SPEND THE NIGHT? \_\_\_\_\_

IF OUTSIDE, DO YOU HAVE SHELTER AVAILABLE FOR HIM? \_\_\_\_\_

HAVE YOU OWNED PETS IN THE PAST 3 YEARS? \_\_\_\_\_

IF YES, WHAT HAPPENED TO THEM? \_\_\_\_\_

WHAT ANIMALS DO YOU OWN NOW? \_\_\_\_\_

ARE THEY SPAYED OR NEUTERED? \_\_\_\_\_ IF NO, PLEASE EXPLAIN? \_\_\_\_\_

IF YOU OWN OTHER DOGS OR CATS ARE THEY CURRENT ON VACCINATIONS? \_\_\_\_\_

WHAT IS THE NAME & PHONE # OF YOUR VETERINARIAN? \_\_\_\_\_

ARE THERE CHILDREN IN THE FAMILY? \_\_\_\_\_ IF YES, WHAT ARE THE AGES? \_\_\_\_\_

ARE YOU FINANCIALLY PREPARED TO PROVIDE THE NECESSARY CARE FOR YOUR PET:  
INCLUDING proper food, vaccinations, parasite control (fleas, ticks, worms, etc.) adequate shelter, and  
veterinary care for yearly check-ups and medical emergencies? \_\_\_\_\_

HAVE YOU EVER PLACED A PET IN AN ANIMAL SHELTER? \_\_\_\_\_ IF YES, WHAT WAS  
THE REASON? \_\_\_\_\_

I affirm that all information above is true. I realize that this is a lifetime commitment and will endeavor  
to give this pet a happy and healthy home. IF THERE ARE PROBLEMS WITH THIS PET OR I MUST  
GIVE HIM UP I WILL CONTACT THE McCOOK HUMANE SOCIETY.

SIGNATURE: \_\_\_\_\_