



# Lazy H Dog Shelter

Dog Adoption Application - Ripley, Mississippi

## APPLICATION FOR DOG ADOPTION

### Office Use Only

Dog name/ID: \_\_\_\_\_ Date received: \_\_\_\_\_ Status: \_\_\_\_\_

### ADOPTION PROCESS AND BASIC GUIDELINES

Thank you for your interest in adopting from Lazy H Dog Shelter. This application helps us learn about your home, experience, and the type of dog that may be the best fit for your family. Submission of an application does not guarantee adoption. Please answer honestly and completely. Lazy H Dog Shelter may contact your veterinarian, landlord, and references as part of the review process.

- Applicants must be 18 years of age or older.
- All pets in the home should receive routine veterinary care and be current on standard vaccinations.
- Current pets should be spayed or neutered unless there is a veterinary reason not to do so.
- If you rent or live with someone else, permission for pets must be verified before adoption.
- Some dogs may require a securely fenced yard or other safety arrangements.
- A home visit or follow-up check may be requested by appointment.

After reading the guidelines, applicant initials: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer/occupation: \_\_\_\_\_

How long at current address: \_\_\_\_\_ How long at current employer: \_\_\_\_\_

Are you 18 or older? Yes  No

### DOG YOU ARE INTERESTED IN

Dog name, if known: \_\_\_\_\_

Male  Female  Puppy  Adult  Senior  No preference

Preferred size: \_\_\_\_\_ Preferred breed/type: \_\_\_\_\_ Preferred activity level: \_\_\_\_\_

What traits are you looking for in a dog?

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

Why do you want to adopt this dog or a dog from Lazy H Dog Shelter?

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



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## HOUSEHOLD INFORMATION

Number of adults in home: \_\_\_\_\_ Number of children: \_\_\_\_\_ Children ages: \_\_\_\_\_

Does anyone in the household have allergies to dogs? If yes, explain: \_\_\_\_\_

Who will be primarily responsible for daily care of the dog? \_\_\_\_\_

Does everyone in the household agree to adopting a dog? \_\_\_\_\_

Will the dog be a gift for someone else? If yes, explain: \_\_\_\_\_

Describe a normal weekday schedule in your home: \_\_\_\_\_  
\_\_\_\_\_

## HOME AND PROPERTY

House  Apartment  Mobile home  Farm/rural property  Other

Own  Rent  Live with family/others

If renting or living with others, landlord/homeowner name and phone: \_\_\_\_\_

Pets allowed? Yes  No  Not sure  Pet deposit paid/approved

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

Where will the dog stay when no one is home? \_\_\_\_\_

How many hours per day will dog be alone? \_\_\_\_\_ Will anyone be home during the day? \_\_\_\_\_

Do you have a fenced yard? Describe height/type/condition: \_\_\_\_\_

Dog will be indoor family pet  Indoor/outdoor  Outdoor only

Do you plan to chain/tether the dog? Yes  No

Distance from home to road/traffic: \_\_\_\_\_ Traffic level: Light / Moderate / Heavy \_\_\_\_\_

Where will the dog exercise and use the bathroom? \_\_\_\_\_  
\_\_\_\_\_

## CARE PLAN

What brand/type of food do you plan to feed? \_\_\_\_\_

How will you handle training, socialization, and behavior issues? \_\_\_\_\_

What will you do if the dog does not get along with current pets? \_\_\_\_\_

What situations might cause you to return or rehome a dog? \_\_\_\_\_  
\_\_\_\_\_



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## CURRENT PETS

List all pets currently living in your home or on your property.

Name	Species/Breed	Age	Spayed/Neutered?	Vaccines Current?

Are all current pets receiving routine veterinary care? \_\_\_\_\_

Have any current pets had serious behavior issues? If yes, explain: \_\_\_\_\_

## PREVIOUS PETS

List pets you previously owned or cared for that are no longer with you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where are those pets now? Please include reason if deceased, rehomed, lost, or surrendered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VETERINARY REFERENCE

Veterinarian/clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic address or city: \_\_\_\_\_

Name on account, if different from applicant: \_\_\_\_\_

May Lazy H Dog Shelter contact this veterinarian? Yes  No

I authorize the veterinary clinic listed above to release information to Lazy H Dog Shelter regarding veterinary care provided to my current and past pets.

Signature authorizing vet reference check: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL REFERENCES

Please provide two references who do not live in your household.

Reference 1 name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Reference 2 name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_



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## ADOPTION COMMITMENT

Please read and initial each statement. These statements are intended to help make sure each adoption is safe, responsible, and in the best interest of the dog and the adopter.

- \_\_\_\_\_ Initials      I understand that caring for a dog includes food, shelter, exercise, training, grooming, preventive care, vaccinations, and medical treatment as needed.
- \_\_\_\_\_ Initials      I agree that the dog will be treated humanely and will not be neglected, abused, abandoned, or used for breeding, fighting, or unlawful purposes.
- \_\_\_\_\_ Initials      I understand that if I rent or live with others, pet permission must be verified before the adoption is finalized.
- \_\_\_\_\_ Initials      I agree to contact Lazy H Dog Shelter if I can no longer keep the dog and will not give the dog away without first contacting the shelter.
- \_\_\_\_\_ Initials      I understand that approval of this application does not guarantee adoption of a specific dog.
- \_\_\_\_\_ Initials      I agree to sign a separate adoption agreement if my application is approved.

## ADDITIONAL NOTES

Please share anything else that would help Lazy H Dog Shelter match you with the right dog:

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## CERTIFICATION AND SIGNATURE

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I give Lazy H Dog Shelter permission to verify the information provided, including contacting veterinary, landlord, and personal references. I understand that incomplete or false information may result in denial of adoption or cancellation of an adoption approval.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant signature, if applicable: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name(s): \_\_\_\_\_

Best way and time to contact you: \_\_\_\_\_

### Thank you for choosing adoption.

Return completed applications to Lazy H Dog Shelter in Ripley, Mississippi. Keep a copy for your records.