



**BCHS**  
**PO Box 228**  
**Georgetown OH**  
**45121**  
**937-378-2210**

**Dog Shelter**  
**100 Veterans Blvd**  
**Georgetown OH**  
**45121**  
**937-378-3457**

**Small Animal Adoption Center**  
**422 Lincoln Ave**  
**Georgetown OH**  
**45121**  
**937-378-2210**

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## DOG ADOPTION APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No (You must be at least 18 years old to adopt)

**Thank you for your interest in adopting a dog from the Brown County Humane Society's Animal Shelter. In an effort to ensure the best possible placement for the animals in our care, and to help improve our services, we ask that you fill out the following application completely. All information will be kept confidential. If you currently own a dog or dogs, we prefer that you bring them in to meet the dog you are interested in adopting.**

Name of the dog you are interested in: \_\_\_\_\_

How did you become aware of this dog? \_\_\_\_\_

What do you consider the three most important reasons for adopting a pet?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



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**Home Information**

Type of home you live in:  House  Apartment  Mobile Home  Condo

How long have you lived at this residence? \_\_\_\_\_

Do you own or rent your home?  Own  Rent Other (describe) \_\_\_\_\_

If you rent, does your landlord allow dogs?  Yes  No

If you rent, provide name and phone number for your landlord (required):

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Family Information**

How many adults live in your household? \_\_\_\_\_

Do you have children living at home? \_\_\_\_\_ Ages of children: \_\_\_\_\_

Are all members of your household in agreement about adopting a dog? \_\_\_\_\_

Do any members of your household have asthma or allergies to dogs? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Describe your household activity level (calm, highly active, etc): \_\_\_\_\_

In the event of a personal or family emergency, who would care for your dog or what arrangement would you make for your pet's care? \_\_\_\_\_

How many hours will the dog be alone during the day? \_\_\_\_\_

**Current Pet Information**

Do you currently own any other pets:  Yes  No

If yes, list species, breeds and ages: \_\_\_\_\_

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



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If you have a dog, does he/she have a current county license tag?

Yes (which County? \_\_\_\_\_)  No

Is your dog spayed/neutered? \_\_\_\_\_ If not, why? \_\_\_\_\_

Is your dog up to date on vaccinations? \_\_\_\_\_ If not, why? \_\_\_\_\_

Please provide the name, address, and phone number of your veterinarian (if you do not currently have one, what veterinary practice do you plan to use?) \_\_\_\_\_

Where did you get your pet(s)?  Shelter  Rescue  Friend  Stray

Breeder  Other: \_\_\_\_\_

Have you ever given a pet away?  Yes  No

If yes, who did you give your pet to?  Family member  Rescue organization

Shelter  Returned to breeder  Sold it

Have you ever had an animal lost or stolen? \_\_\_\_\_

Have you ever had to retrieve your animal from a shelter or animal control?  Yes  No

Where will your dog live?

Indoors mostly/outdoors for elimination and exercise

Outdoors only

Outdoors mostly/indoors on occasion

Where will your dog be when no one is home?  Indoors  Outdoors  Crated

Do you have a fenced yard?  Yes  No

If yes, what type and height of fence? \_\_\_\_\_

If not, how will you control the dog outside? \_\_\_\_\_

If your adopted dog is not spayed/neutered, do you agree to spay/neuter?  Yes  No



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For what reasons would you consider returning or giving up your adopted dog?

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

In the event you are unable to keep the dog for any reason, the dog must be returned to the Brown County Animal Shelter. If you have a friend or family member who is interested in the dog, we require that they sign all paperwork and we will transfer the dog to them.

By signing this application, I am stating that I have answered all questions completely and truthfully. In the event the Brown County Animal Shelter (at any time later) discovers a falsehood, the adoption shall be annulled and the dog seized.

By signing this application, I acknowledge that I have been informed that the Brown County Animal Shelter reserves the right to deny any application.

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

\*\*\*\*\*

***Office Use Only***

Application approved: \_\_\_\_\_ YES \_\_\_\_\_ NO If not, why \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_