



**DOG SHELTER**  
100 Veterans Blvd.  
Georgetown, OH 45121

Phone: 937-378-3457  
Email: [bcas@browncountyohio.gov](mailto:bcas@browncountyohio.gov)

## DOG ADOPTION APPLICATION

Thank you for your interest in adopting a dog from the Brown County Humane Society (BCHS) Dog Shelter. In an effort to ensure the best possible placement for the dogs in our care, we ask that you fill out the following application completely. All information will be kept confidential. If you currently own a dog(s), we require that you bring them in to meet the dog you are interested in adopting. Approved applicants will be contacted to schedule meetings.

**\*\* Email completed application to [bcas@browncountyohio.gov](mailto:bcas@browncountyohio.gov) \*\***

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

Your Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ How old are you? \_\_\_\_\_

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: \_\_\_\_\_

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

If your name is not listed as owner of property, provide name and phone number for property owner:

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

How many adults live in your house? \_\_\_\_\_ Ages of children in house: \_\_\_\_\_

Are all members of your household in agreement about adopting a dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do any members of your household have asthma or allergies to dogs? \_\_\_\_\_ Yes \_\_\_\_\_ No

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? \_\_\_\_\_

\_\_\_\_\_

Do you currently own any other pets/animals: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list species (for dogs also list breeds and ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you currently have a dog(s)...

Does he/she have a current county license tag? \_\_\_\_\_ Yes (County: \_\_\_\_\_) \_\_\_\_\_ No

Is your dog spayed/neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No -- If not, why? \_\_\_\_\_

Is your dog up to date on vaccinations? \_\_\_\_\_ Yes \_\_\_\_\_ No -- 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?) \_\_\_\_\_

\_\_\_\_\_

Have you ever given a pet away? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who was your pet given to: \_\_\_\_\_ Family, \_\_\_\_\_ Rescue organization, \_\_\_\_\_ Shelter, \_\_\_\_\_ Returned to breeder, \_\_\_\_\_ Sold

Have you ever had an animal lost or stolen? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Where will your dog be when you are home?

\_\_\_\_\_ Indoors (outdoors for potty and exercise) \_\_\_\_\_ Outdoors mostly/indoors on occasion

\_\_\_\_\_ Strictly outdoors

Where will your dog be when no one is home?

\_\_\_\_\_ Indoors with free roam of house \_\_\_\_\_ Indoors with limited roam of house

\_\_\_\_\_ Indoors in crate \_\_\_\_\_ Indoors with outside access (ex: dog door)

\_\_\_\_\_ Outside only with access to shelter or indoor area (ex: garage, barn). *Please describe:*

\_\_\_\_\_

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

Do you have a fenced yard? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

If not, how will you keep dog on property when outside? \_\_\_\_\_

If you have to move, what would you do with your adopted pet? \_\_\_\_\_

Are you willing and able to accept the long-term commitment and financial expenses that come with owning and properly caring for a dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

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, you must contact the BCHS Dog 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 BCHS Dog Shelter (at any later time) 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 BCHS Dog Shelter reserves the right to deny any application.**

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

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***Office Use Only***

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

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