



Save lives • Spay & Neuter

P.O. Box 252,
Manchester, TN 37349
(931) 728-0903
Adoption / Foster Coordinator
931-954-0057
Website: www.coffe humane.org

Dog Adoption Application

Dog Name _____ Application Date _____

Breed _____ Approximate age _____

Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work: _____ Cell: _____

Email Address _____

Employer _____ Address _____

Contact/Supervisor _____ Phone _____

To ensure that this adoption is in the best interest of both you and the dog/puppy you have selected, we ask that you answer the following questions:

1. Local personal references (One may be a relative not living with you)
 - A. Name _____ Phone # _____
 - B. Name _____ Phone # _____

(Check the appropriate answer for the following questions)

2. Is this adoption for you and your family _____ or for someone else _____?
3. Are there any small children in the household? Yes _____ No _____ Ages: _____
4. Are you or anyone in the house a smoker? Yes _____ No _____
5. Do you own _____ or rent _____ your home?
If you rent, do you have your landlord's permission to have a pet? Yes _____ No _____
Landlord's Name _____ Phone # _____
6. What will happen to the dog/puppy if you move? _____
7. What will happen to the dog/puppy if you go on vacation or need to leave town for an emergency? _____
8. How many hours a day will the dog/puppy be left alone? _____
9. Where will the dog/puppy be kept during the day: Inside? _____ Outside? _____ Both _____
10. Where will the dog/puppy be kept at night: Inside: _____ Outside? _____
11. If outside, what form of fencing or shelter will be provided? _____
12. Do you have any other pets? _____

- 13. Who is your veterinarian? _____ Phone _____
- 14. May we request additional information from your vet? Yes _____ No _____
- 15. Do you agree to provide heartworm preventative medicine on a regular basis? Yes _____ No _____
- 16. Under what circumstances would you take your dog/puppy to the vet?
 - A. Persistent illness or unusual behavior? Yes _____ No _____
 - B. Periodic Wellness Check? Yes _____ No _____
 - C. Some form of accidental injury? Yes _____ No _____
 - D. Annual need for shots? Yes _____ No _____
- 17. What kind of food will you feed your new dog/puppy? Canned _____ Dry _____
- 18. What kind of behavior do you find unacceptable in a dog/puppy? _____
- 19. How would you handle this behavioral problem? _____
- 20. Are you familiar with local/state animal laws? Yes _____ No _____

Please read and initial indicating you understand and agree to the 3 items below:

- A. If the pet I am adopting is under 6 months of age and not already altered, I will have the pet spayed or neutered before the age of 6 months and provide proof to CCHS. Failure to provide proof is reason for CCHS to reclaim the animal and place the animal with another family. **Adoptions fee will not be refunded:** _____
- B. CCHS makes this pet available for adoption in good faith, believing the animal to be in good health and even tempered. CCHS is not responsible for any medical fees or incidents related to the pet’s behavior after the adoption date. However, if a health or behavior problem develops; notify CCHS immediately to discuss the matter. If you have any health concerns about your new dog/puppy, you should seek veterinarian advice within the seven day return period. Animals returned after the seven day period are not eligible for a refund of the adoption fee. _____
- C. **If for any reason,** at any time in the future, the adopter cannot keep this dog/puppy, it must be returned to the Coffee County Humane Society. _____

I have read all the information carefully and have filled out the application honestly. I understand that omission of information and/or failure to completely answer all questions and sign the application will result in this application being declined. Also, if an omission or falsehood is discovered after an adoption take place, I understand that the Coffee County Humane Society reserves the right to void the adoption and reclaim the animal with no refund of fee. I give the CCHS the right to fully investigate the information provided as well as contact vets and other persons listed above.

After an adoption is completed, I agree to follow up visits by phone or in person with one (1) week, 30 days, and 90 days of placement.

Signature _____ Date _____

Printed Full Name: _____

CCHS Coordinator/ Volunteer _____

Dog/Puppy Name _____

