

7894 Ocean Gateway P.O. Box 1143

Easton, MD 21601

Phone: (410) 822-0107, Fax: (410) 822-7619

www.talbothumane.org

Dog(s)	Interested	in	Adopti	ng
1st Cho			•	_

2 nd Choice:	
3rd Choice:	
3 CHOICE.	

DOG Adoption Application

Thank you for your interest in our Pet Adoption Center. In order to clarify our process, please read carefully the following:

Please Please be sure to fill out the application completely. We make every effort to have the applications completed within a 48-hour period; however, incomplete applications may result in a delay in this process.

Talbot Humane reserves the right to perform inquiries into the following items, which may affect the outcome of your application:

1) criminal background; 2) veterinary history; 3) property assessment; and 4) animal control files.

The staff and volunteers of the Talbot Humane make every effort to place our animals in the home best suited for the needs of the pet and of the new family. If there is a specific animal of interest, and it is still available at the time of application approval, you would then be eligible to adopt that animal.

Approved applications are kept on file for 6-months. We recommend you frequently stop in, check by phone, or visit our website www.talbothumane.org to see what animals are at our Adoption Center.

I have read the above statements and understand there are no guarantees for adoption of any animal. I acknowledge all information on this application is true and correct. I give the employees of Talbot Humane permission to verify all information, and understand that any misrepresentations or omissions of fact may result in the cancellation of my application.

I certify that I am over the age of 21 years old.

Applicant's Signature		o-Applicant's Sigr	nature	Da	Date	
*********	**********	******	******	*******	*******	
Name of Applicant		Date	of Birth			
Name of Co-Applicant		Date	e of Birth			
Address		City		State	Zip	
County	How long at this addr	ess?	_ If less than 2yrs	s, please list previous a	address(es)	
Home Phone	Cell Phone		Email Addres	SS		
Applicant's Employer		W	ork Phone			
Do you: Rent Own	Do you live in a: House	_ Townhouse	_ Apt/Condo	Other (Explain)		
Property Owner/Landlord Nan	ne		Phone			
How many adults (over 18yrs.) live in your household?	Children?	Children's	Ages?		
Why are you interested in add	opting?					

•	•		-			over 8 hrs	
•		•	•			Height of fence?	
						 lay?	
	· ·	_			•	•	
How will the dog be of	confined whe	en outside ald	one? <u>Be specific</u>				
Will your dog <u>primaril</u>	<u>ly</u> be an:	outdoor d	og	indo	or dog		
Are your current dog	(s):	outdoor d	og(s)	indo	oor dog(s)		
Were your previous of	dog(s):	outdoor d	og(s)	indo	oor dog(s)		
If you have to sudder	nly move, wh	nat will you d	o with this animal	?			
Does anyone in your	home have	allergies to o	logs?				
For what reason(s) w	ould you ge	t rid of a dog	?				
Younger dogs (puppi	es and dogs	under 2yrs	old) are usually m	ore destructiv	ve than older do	gs because they are st	ill in <i>active</i> and
curious stages. Are	you willing to	"puppy prod	of" your new home	e in preparati	on for your new	dog?	
Do you understand th	nat your new	dog may no	t be housetrained	l?	How do you	ı plan on housetraining	your new dog?
	•	•			, ,	v not?	
	•		·		•	pplies, etc.?	
Are you financially pr	epared to ta	ke this anima	al for a complete	veterinary e	xam within sev	ren (7) days of adoptio	n?
Tell us about <u>ALL</u> c	ompanion a	nimals <u>curr</u>	ently living in yo	our househo	<u>ld</u> :		
		Spayed/				. 5. "	How long have
Name	Type	Neutered	Age	Ve	terinary Name 8	k Phone #	you had this pet?
I		1					I
Tell us about <u>ALL</u> o	f your <u>previ</u>	ious compa	nion animals (<u>no</u>	longer with	you) for the pa	st 7 years:	
Name	Туре	Spayed/	Age	\/a	terinary Name 8	. Phone #	What happened
INAIIIG	ı yp e	Neutered		ve	termary ivallie o	K I 11011 0 #	this animal?