



Longmont
Humane
Society

LONGMONT HUMANE SOCIETY PETS AND PEOPLE PROFILE (DOGS)



To be assured that the dog you wish to adopt is best suited to you, your home, and your lifestyle and is placed in an environment that is compatible with his/her needs, we ask that you complete this profile.

Guardian Information						
Date	Name	Driver's License #		DOB		
Address			City, State		Zip	
Mailing Address			City, State		Zip	
Home Phone		Employer	Occupation		Work Phone	
E-mail Address		Type of Dwelling <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Townhouse have you checked with you homeowners association regarding their pet policies: Yes or No <input type="checkbox"/> Mobile home				
<input type="checkbox"/> Own	<input type="checkbox"/> Rent Please provide your Landlord's Name and Phone # (Your landlord will be contacted)					
Rate the level of activity in your home:						
Very quiet	1	2	3	4	5	Very active

How did you learn about Longmont Humane Society? (please be specific)
How did you learn about this particular animal? (if applicable)

Household Information (Please name all current members, giving the ages of all children.)		
Names of Adults	Names of Children	Ages of Children

Current Dogs and Cats in Household					
Pet's Name	Type/Breed	Male/ Female	Age	Spayed/Neutered (yes/no)	Time lived in home

HELP US HELP YOU FIND THE DOG BEST SUITED TO YOU, YOUR HOME AND YOUR LIFESTYLE.

Type of pet desired					
Breed/Type:					
Age:	<input type="checkbox"/> Under 4 months	<input type="checkbox"/> 4 mos. - 1 year	<input type="checkbox"/> 1 year - 10 years	<input type="checkbox"/> 10+ years	<input type="checkbox"/> Doesn't Matter
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't Matter		
Size in pounds:	<input type="checkbox"/> Less than 20	<input type="checkbox"/> 20-50	<input type="checkbox"/> 51-90	<input type="checkbox"/> 90 or more	
Coat Type:	<input type="checkbox"/> Low shedding	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Doesn't Matter

Check all the qualities you WANT in your dog:						
<input type="checkbox"/> Independent	<input type="checkbox"/> Athletic	<input type="checkbox"/> Likes Dogs	<input type="checkbox"/> Confident	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Protective	
<input type="checkbox"/> Enjoys Young Children	<input type="checkbox"/> House Trained	<input type="checkbox"/> Likes Cats	<input type="checkbox"/> Good with Livestock	<input type="checkbox"/> Very Active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Low Activity	<input type="checkbox"/> Strong Drives (hunt, herd, retrieve)	<input type="checkbox"/> Other _____

Next, check any traits you WILL NOT TOLERATE in your dog:					
<input type="checkbox"/> Noisy	<input type="checkbox"/> Dislikes Cats	<input type="checkbox"/> Dislikes Dogs	<input type="checkbox"/> Dislikes Children	<input type="checkbox"/> Escapes	<input type="checkbox"/> Separation Concerns
<input type="checkbox"/> Dislikes Strangers	<input type="checkbox"/> Timid	<input type="checkbox"/> Not house Trained	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Chases Livestock	<input type="checkbox"/> Strong Drives (hunt, herd, retrieve)

Do you or does anyone in your household have or ever had any allergies to animals? Yes or No
If yes please explain _____

Do you have any of the following animals (please check): Ferrets Rabbits Birds Reptiles
 Small Mammals Livestock (poultry, cows, pigs, goats, horses, etc.)

What is your experience with dogs? Never had one previously Have had one or two
 Had dog(s) as a child Knowledgeable and experienced

I want to adopt a pet at this time because _____

Who will be your dog's primary caretaker? _____

There are always the possibilities of house breaking and training issues with your new pet. How would you deal with these issues? Can you give an example? _____

Are you considering attending dog training classes? Yes No LHS offers classes at a discount for our adopters.

How much time per day, on average, will the dog be without human supervision?

- Less than 2 hours 2-6 hours 6-8 hours More than 8 hours

Where will the dog be kept when you are away from home? House Yard Yard with dog door

- Crate Crate at first, then run of house Dog-proof room Basement/garage Doggie day care
 On tether Pen with dog house Other _____

Where will the dog be kept when you are at home? House Yard Yard with dog door Crate

- Crate at first, then run of house Dog-proof room Basement/garage Pen with dog house
 On tether Other _____

How will your dog be cared for while you are away from home for an extended period of time?

If you have a secure yard, what is the fence height? _____ Fence type: Solid wood Chain link

- Woven wire Barbed Wire Electric Invisible Picket No Fence

Have you ever engaged in any dog-related sports, hobbies, work or other activities?

- Yes No If yes, what are they? _____

Under what circumstances can you envision giving up a pet?

- Moving, unable to take Allergies Animal not adjusting Unacceptable behavior Escaping
 Medical problems Never Other _____

Have you ever moved with pets? Yes No

Have you ever given a pet to a shelter? Yes No If so, what kind of pet? Dog Cat Other

Which of these have you experienced with a pet: Lost Stolen Ran Away Other _____

Have you had a dog die on your premises in the last 3 months of a contagious disease? Yes No

If yes, what disease: Parvo Distemper Other _____

If you currently have a pet, who is your veterinarian? _____

Do you know what the average cost per year including vaccinations, license, food, grooming, boarding and medical care are? _____ (Please give a numerical estimate)

I certify that the information I have given is true and I understand that false information may result in the nullification of this adoption. Longmont Humane Society reserves the right to refuse an adoption. This completed form is the property of the Longmont Humane Society and is not to be removed from the premises.

Signature _____ Date _____

Would you like to make a donation to help the homeless pets at the Longmont Humane Society?

- Yes I would like to contribute \$ _____. No

Staff Notes

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID Family Meet
 Roommate Meet Dog Meet Blood/Health Tests S/N Other _____

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID Family Meet
 Roommate Meet Dog Meet Blood/Health Tests S/N Other _____

Comments: _____

Adoption Return: Exchange OK Date: _____

Reason for Return: _____

Denied Date: _____ Staff Name: _____

Comments: _____

