

# La Plata County Humane Society

## DOG Adoption Application

1111 S. Camino Del Rio  
Durango, Colorado  
Phone: (970) 259-2847  
Fax: (970) 259-2884

**\* The Information you provide on this form will help us find the best possible match for you and your family.**

**\*Please keep in mind that this is an adoption, not a sale. LPC Humane Society reserves the right to decline or postpone any adoption.**

Date: \_\_\_\_\_ Name of Dog you would like to adopt: \_\_\_\_\_

Where did you hear about this dog? radio newspaper ad  
website, which one? \_\_\_\_\_  
walk-in friend/relative  
other \_\_\_\_\_

Name: \_\_\_\_\_ Home ph #: \_\_\_\_\_ Work  
ph #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Are you at least 21 years old? yes no Who is your veterinarian? \_\_\_\_\_

Names of other household members (include ages of children): \_\_\_\_\_  
\_\_\_\_\_

Who will be primarily responsible for this dog's care? \_\_\_\_\_

Type of housing: house condo apt. mobile Do you: rent  
own live w/family

Landlord's name & phone #: \_\_\_\_\_

What type of outdoor confinement do you have for this dog? none tie-out  
pen fenced yard

Type & height of fence: \_\_\_\_\_

Where will this dog be kept during the day? \_\_\_\_\_ at night? \_\_\_\_\_

If dog will be kept outside, what type of shelter will be provided?

Length of time dog will be left alone per day:  9 hrs or more  6-8 hrs  1-4 hrs  
 less than 1 hr

**Current pets:** Breed Sex Spayed/Neutered? Kept in/out? How Long Owned

**Other pets owned within**

**last 5 years:** Breed Sex Spayed/Neutered? Kept in/out? What happened to this pet?

Do you have livestock or livestock near by?  yes  no If yes, what type?

**Reason(s) for wanting this pet: Preferred Adult Size of Dog: Preferred Activity Level of Dog:**

<input type="checkbox"/> gift (housepet)	<input type="checkbox"/> working dog	<input type="checkbox"/> Small	<input type="checkbox"/> Low
<input type="checkbox"/> watchdog	<input type="checkbox"/> pet for children	<input type="checkbox"/> Medium (20-50lbs)	
<input type="checkbox"/> companion (running partner)	<input type="checkbox"/> other _____	<input type="checkbox"/> Large	<input type="checkbox"/> High
<input type="checkbox"/> companion for other pet		<input type="checkbox"/> No preference	

Have you ever adopted from this Humane Society?  Yes  No if yes, who, when, & do they still have?

Have you ever had a dog impounded by Animal Control or picked up as a stray?  Yes  No If yes, when & why?

Have you ever surrendered an animal to a shelter before?  Yes  No If yes, when & why?

Have any of your animals ever killed another animal?  Yes  No If yes what kind and when?

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Have you ever had an animal killed on the highway or street? Yes No If yes, what's different now?

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Have you ever had an animal poisoned? Yes No  
If yes, what's different now?

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Do any household members have allergies to pets?  
If so what are you allergic to? Yes No  
If yes, are they on medications?

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Are you a college student? Yes No If yes, where will pet go at  
end of school year?

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Are you prepared to care for this animal for her/his  
entire lifetime? (10-15 years) Yes No

Are you willing/able to accept responsibility for all  
veterinary care that this animal will need? Yes No

Are you aware that all dogs living in La Plata County  
Must be vaccinated against Rabies and be Licensed? Yes No

Are your current dogs licensed? Yes No

Are you familiar with the Animal Control Laws in  
Your community? Yes No

Are you willing to attend a free 1-hour training class? Yes No If no, why not?

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Under what circumstances might you  
give up this dog? aggressive/dangerous  
houstraining problems  
problems w/other pets  
obedience problems  
health problems (dog)  
health problems (owner)  
destructive of property none

moving to a place that did not allow pets  
other \_\_\_\_\_

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I certify that all information on this application is true and I understand that any false information will make me ineligible to adopt ANY animal now or in the future from the La Plata County Humane Society. I understand that acceptance of this application does not guarantee that the chosen animal will be available for adoption.

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

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

**For Staff Use Only:**

**Staff**

**comments/explanations of answers:** \_\_\_\_\_

Adopter's DL #: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Name checked in ARK/DNAT list?  Yes  No

Does address on license match address on application?  Yes  No

If no, applicant must show proof of address.

Landlord Permission  approved  denied  N/A received by: \_\_\_\_\_ date: \_\_\_\_\_

Adoption counselor reviewing application: \_\_\_\_\_

Animal Shown by: \_\_\_\_\_

Have other dogs been introduced?  Yes  No

Did they get along?  Yes  No

Comments: \_\_\_\_\_

Adoption Approved?  Yes  No by: \_\_\_\_\_ date: \_\_\_\_\_ If no, explain: \_\_\_\_\_