



**How did you find this pet or hear about the shelter?**

<input type="checkbox"/> Petfinder website	<input type="checkbox"/> TH Record	<input type="checkbox"/> Website	<input type="checkbox"/> Fundraisers
<input type="checkbox"/> Shelter visit	<input type="checkbox"/> Friend / Relative	<input type="checkbox"/> Local Paper	Other _____

**Would you allow a shelter representative to visit your home and to check on the animal? Yes  No**

**Are you adopting this animal as a      COMPANION      GIFT      OTHER? \_\_\_\_\_**

**Do you have experience owning or caring for this type of pet? \_\_\_\_\_**

**Are you familiar with the proper dietary needs of this animal?      Yes  No**   
**If yes, what is the proper diet? \_\_\_\_\_**

**Are you familiar with the proper housing needs for this animal?      Yes  No**   
**If yes, what is proper housing? \_\_\_\_\_**

**Are you familiar with the proper care/exercise needs for this animal?      Yes  No**   
**If yes, please explain \_\_\_\_\_**

**How do your other pets get along with this type of pet? \_\_\_\_\_**  
 \_\_\_\_\_

**How many hours between the necessary care of food/water will this pet be left alone? \_\_\_\_\_**

**Where will this pet be primarily kept?      Pen      Paddock      Free Roaming**

**What type of shelter will you provide?      Barn      Shed      Run-in shed/lean to**

**What personality are you looking for in this pet? (Please circle)**  
**Playful      Mellow      Affectionate      Challenging**

**Are you willing or able to socialize this pet as needed?      Yes  No**

**Would you be willing to provide behavior modification should a behavior problem arise? \_\_\_\_\_**

The Warwick Valley Humane Society offers assistance to adopters who may need help correcting problems with their new pet. Would you be willing to work with us to resolve these concerns? \_\_\_\_\_

**What do you consider a valid reason for giving up this pet?**

<input type="checkbox"/> Fleas	<input type="checkbox"/> Moving	<input type="checkbox"/> Destructive/Chewing
<input type="checkbox"/> Digging	<input type="checkbox"/> Aggression	<input type="checkbox"/> Kids not interested
<input type="checkbox"/> Grew too big	<input type="checkbox"/> High vet bills	<input type="checkbox"/> Rough with children
<input type="checkbox"/> Noisy	<input type="checkbox"/> Having a baby	<input type="checkbox"/> Children grown
<input type="checkbox"/> Divorce	<input type="checkbox"/> Vacation	<input type="checkbox"/> Death
<input type="checkbox"/> Allergies	<input type="checkbox"/> Too expensive	NONE

**Animals Living with you NOW and in the PAST 3 years**

Breed	Name	Age	How long owned?	Spayed or Neutered	Still with you? If no, how long ago?	Current Rabies Vaccination?	Kept where?	Were or are your cats de-clawed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Veterinarian Information (for previous and/or current pets):**  
 Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Owner name on records: \_\_\_\_\_  
**YOU MUST NOTIFY YOUR VET TO RELEASE YOUR INFO TO US IN ORDER TO PROCESS THIS APPLICATION.**

**Will you provide this pet(s) with a veterinary health exam:**  
 \_\_\_\_\_  
*yearly to update vaccinations as needed for emergencies only*

**Do you have a regular professional farrier/groomer for your pet(s)?** \_\_\_\_\_  
 Name & telephone number of farrier/groomer? \_\_\_\_\_

**Have you ever had to put an animal to sleep or given a pet away?** Yes  No   
 If yes, please explain: \_\_\_\_\_

**Have you ever surrendered or returned a pet to an animal shelter / humane society?** Yes  No   
 If yes, please explain: \_\_\_\_\_

**Have you ever adopted a pet from the Warwick Valley Humane Society?** Yes  No   
 If yes, what type of pet \_\_\_\_\_ and where is that pet now? \_\_\_\_\_

**Are you able to make a lifetime commitment to this pet?** Yes  No

**In your absence (vacation, business trip, etc.), who will care for your pet ?**  
 Family Friend/Neighbor Petsitter Boarding Facility  
 \_\_\_\_\_  
 Name address telephone number

**If you die or are no longer able to care for this pet, what will happen to this pet?**  
 \_\_\_\_\_

**Please tell us why you would like to adopt this pet?** \_\_\_\_\_

**Name of staff person who assisted you today** \_\_\_\_\_

**A new pet will take time to adjust to you, the new environment, other pets and new routines. What do you consider to be a reasonable adjustment period?** \_\_\_\_\_

**Animals may, sometimes, have a medical issue(s) not evident while at the shelter. Are you willing to assume this responsibility?** Yes  No

**Have you ever been convicted of neglect or cruelty to animals?**  
 Yes  No

I understand that the information I provided about my current/past pets needs to be verified as part of the application process and I give my permission to my vet to release this information to the Warwick Valley Humane Society. **Initial as read** \_\_\_\_\_

I have seriously considered all aspects of owning a pet and I am aware of the time and money involved. I am prepared to make a commitment to this pet for its lifetime. I agree to keep this animal in accordance with all applicable laws of the community. *I understand that filling out this application does not guarantee an adoption and that the Warwick Valley Humane Society reserves the right not to adopt.* **Initial as read** \_\_\_\_\_

I will provide the animal with proper and adequate food, water, shelter, training, affection and medical care (vet appointment once a year!). **The Warwick Valley Humane Society does NOT guarantee an animal's health, temperament or behavior.** **Initial as read** \_\_\_\_\_

I understand that the application process may take 24 to 72 hours to process due to the need for confirmation on the information provided. *I further attest that the above information is true and understand that giving false and/or incomplete information may result in being denied and I agree to all terms and conditions.*

**Name printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

***Thank you for taking the time to complete this form.  
This information will help us match you with the right animal for your family.***

**FOR WVHS USE ONLY:**

<b>Vet.</b>	<b>Y</b>	<b>N</b>	_____
<b>Ref.</b>	<b>Y</b>	<b>N</b>	_____
<b>Landlord</b>	<b>Y</b>	<b>N</b>	_____
<b>Result</b>	<b>Y</b>	<b>N</b>	

## ADOPTION AGREEMENT

*The Warwick Valley Humane Society strongly recommends that you schedule a visit with your Veterinarian for a post adoption check up as a new patient!*

IF within the first 14 days of adoption, your new pet shows any symptoms of illness (i.e. sneezing, coughing, diarrhea, etc.) contact us immediately and we will schedule an appointment with one of the veterinarians who work with our organization. There will be no charge to you for the appointment or for the initial medication if prescribed by the vet. The veterinarians who work with our organization are by appointment only.

The Warwick Valley Humane Society will not be responsible for any follow up appointments and/or medications.

IF you need to bring your new pet to a veterinarian after our business hours, or on a holiday or weekend, you will be responsible for all veterinarian bills. **NO EXCEPTIONS.**

IF your new pet is recovering from a pre-adoption illness or injury or if your new pet was treated by our Society within the first 14 days of adoption, the Warwick Valley Humane Society will DISCONTINUE all treatments after 30 days. If further treatment is needed, the Society will not be responsible for any veterinary or medication bills.

In the event that you or your designated caregiver is/are unable or unwilling to care for this pet, this pet is to be returned to the Warwick Valley Humane Society with prior notification.

REFUNDS – Adoption donations are NON-REFUNDABLE. However, refunds will be given for medical conditions diagnosed by a veterinarian ONLY within the first 14 days of adoption. Refunds are given or mailed by check only and may take up to 30 days. **NO EXCEPTIONS.**

**I will not allow my adopted dog to have ears or tail cropped or be de-barked. I will not allow my adopted cat to be de-clawed.**

*I give permission to the Warwick Valley Humane Society to submit my name, address and pet name to Hill's Science Diet Shelter Nutrition Partnership program upon approved adoption.*

Your acceptance helps us to continue using and receiving Science Diet food and the free adopter bags. This offer does not affect the outcome of your application.

**Accept:** \_\_\_\_\_

**Decline:** \_\_\_\_\_

By signing this agreement, I have read, understand and agree to all the terms listed above. The Society has the right to disapprove any adoption of any animal for any reason.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_