



Dog Adoption Application for _____

Reviewed by: _____

Name: _____ Spouse/Partner Name: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____ City/State/Zip: _____

Street Address: _____ City/State/Zip: _____

How long there? _____ Cell Phone: _____

Drivers License/ ID number / Expiration Date _____

Adopter's age: (please circle) 18-24yrs. 25-40yrs. 41-59yrs. 60-75yrs. 76yrs.+

E-mail address: _____

Please circle your response.

What is your family type and lifestyle: single couple senior family roommates

Very active some active Quiet

How many people live in the home? _____ Ages: _____

Ages of children who visit the home: _____

Does anyone in the household have allergies to dogs? Yes () No ()

Please circle your response.

Do you own or rent a (house)___ (condo)___ (apartment)___? Live with parents?___

Landlord name: _____ Phone # _____

Are you planning on moving soon? Yes No If yes, where? _____

Are you ___ working ___ retired ___ attending school ___ home ___ other? _____

Your Place of Employment : _____
Name address telephone number

What is your work schedule (Days & hours)? _____

Your Spouse/Partner's Place of Employment : _____
Name address telephone number

What is your spouse/partner's work schedule (Days & hours)? _____

List 2 Unrelated LOCAL Personal References: name, address, & phone #

1. _____
Name address telephone number

2. _____
Name address telephone number

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 _____

As an adult, are you a first time dog owner? _____ If no, please explain _____

What type of activities would you like to share with your dog? _____

Do you want a dog that is already housetrained? _____ Is this a requirement? _____

Do you want a dog with some obedience training? _____

Do you have any dog training experience? _____ If yes, please explain _____

Do you plan to train the dog yourself? _____ If yes, how? _____

How much time will you devote to socializing, exercising, training, playing with your dog? _____

Do you have a yard? _____ Is the yard completely fenced? _____ How high is the fence? _____

How many hours will the dog be left alone? _____ Fencing material? _____

Where will the dog stay when alone: Please circle your response.

<i>in fenced yard</i>	<i>in outside kennel</i>	<i>within electric fence</i>	<i>garage/basement</i>
<i>Tied/fastened to a run</i>	<i>loose in house</i>	<i>confined/crated in house</i>	<i>unconfined outside</i>

Are you aware of the dog control laws and outdoor dog shelter laws in your area? Yes No

Are you familiar with crate training? Yes No

Would you like information about crate training? Yes No

What behavioral challenges are you willing to tolerate and/or work on?

<input type="checkbox"/> Housetraining	<input type="checkbox"/> Destructive	<input type="checkbox"/> Mouthing
<input type="checkbox"/> Fearful	<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Jumping
<input type="checkbox"/> Barking	<input type="checkbox"/> Food/toy possessive	<input type="checkbox"/> Digging

Would you be willing to try behavior modification should a behavior problem arise? _____

Would you be willing to work with a certified animal behaviorist/trainer? _____

What behavior(s) would you be *unwilling* to work with?

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.

Do you provide your pet(s) with a health exam by your vet at least once a year? Yes No
 If no, please explain: _____

Do you have a regular professional groomer for your pet(s)? _____
 Name & telephone number of groomer or pet salon _____

Does your cat(s) get along with dogs? Yes No Don't know Does not apply

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: _____

What do you consider a valid reason for giving up a 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"/> Barking	<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"/> Unable to houstrain	NONE

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 Neighbor Petsitter Boarding Kennel

Name _____ address _____ telephone number _____

If you die or are no longer able to care for this pet what will happen to your pet?

Name _____ address _____ telephone number _____

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

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

Please tell us why you would like to adopt this dog? _____

Name of staff person who assisted you today _____

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 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: _____

Applicant Signature: _____ Date: _____

***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:

Vet.	Y	N	_____
Ref.	Y	N	_____
Landlord	Y	N	_____
Pet Meeting	Y	N	_____

Result Y N

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: _____