



Small Animal 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: single couple senior family roommates

Is the noise/activity level in your home LOW MEDIUM HIGH

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

Ages of children who visit the home: _____

Does anyone in the household have allergies to this type of animal? 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 (please circle) working retired attending school home other? _____

Place of Employment : _____
Name address telephone number

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

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

What is your 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? _____

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 _____

Are you familiar with possible litter box training for this animal? Yes No
Would you like information about litter box training for this pet? _____

How do your other pets get along with this type of pet? _____

How many hours will this pet be left alone? _____

Where will this pet be primarily kept? In house Garage Basement Outdoor hutch Barn/shed

What type of housing will you provide? Cage Hutch Free roaming

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

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

Please indicate the common pet habits that you ARE willing to work with:
Wire chewing carpet digging nipping litter box accidents other _____

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 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"/> 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"/> Unable to housetrain	NONE

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:

Vet.	Y	N	_____
Ref.	Y	N	_____
Landlord	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: _____