



DOG Adoption Questionnaire

Please indicate the name of the dog you are interested in adopting: _____

Name: _____ Spouse/Partner Name: _____

Home #: _____ Work #: _____ Cell #: _____

Mailing Address: _____ City/State/Zip: _____

Street Address: _____ City/State/Zip: _____

E-mail address: _____

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

Do you *OWN* or *RENT* a (house) _____ (condo) _____ (apartment) _____ Live with parents _____ Mobile Home _____

How long there? _____ Are you planning on moving soon? Yes ☐ No ☐

If yes, when & where? _____

Name of Landlord/HOA/Park _____ Phone #(required) _____
or submit a copy of your lease

What is your family type and lifestyle: *please circle*: single couple senior family room-mates

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 animal related allergies or asthma? Yes ☐ No ☐

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

What is your work/school schedule (days/hours) including commute time? _____

What is your spouse/partner's work/school schedule (days/hours) including commute time? _____

If you are not employed, who will be financially responsible for this pet? _____

List 2 Unrelated LOCAL Personal References:

1. _____
Name _____ telephone number _____ years known _____

2. _____
Name _____ telephone number _____ years known _____

Have you ever adopted or applied to adopt a pet from the Warwick Valley Humane Society? Yes ☐ No ☐

If yes, what type of pet _____ and where is that pet now _____

Have you ever had any issues that prevented you from keeping your pet? Yes ☐ No ☐

If yes, what happened to your pet? _____

Will you allow a shelter representative to visit your home prior to adoption approval? Yes ☐ No ☐

Please list any and all pets you have owned in the last (5) five years? Use other side if needed.

Breed or species	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

Please initial

Do you use a clinic for vaccines? _____ Can you provide a copies? Yes ☐ No ☐

Do you have a regular professional groomer? Yes ☐ No ☐

Name & telephone number of groomer or pet salon: _____

What type of activities will you share with your dog? _____

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

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

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

How many hours do you anticipate the dog being alone? _____

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

In fenced in yard

in outside kennel

within electric fence

garage/basement

tied/fastened to a run

loose in house

confined/crated inside house

Are you familiar with crate training? Yes ☐ No ☐

Would you like information about crate training? Yes ☐ No ☐

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? _____

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

- ☐ Housetraining ☐ Fearful ☐ Barking ☐ Jumping ☐ Mouthing ☐ Digging ☐ Biting
☐ Leash pulling ☐ Stealing ☐ Destructiveness ☐ Chewing ☐ Separation anxiety
☐ Food/toy possessiveness ☐ Protectiveness ☐ Medical

Would you be willing to work with a certified dog behaviorist/trainer? Yes ☐ No ☐

Please list any topics you wish to discuss with the adoption counselor? _____

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Aggression | <input type="checkbox"/> Destructive/Chewing | <input type="checkbox"/> Barking |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Digging | <input type="checkbox"/> Having a baby | <input type="checkbox"/> Kids not interested |
| <input type="checkbox"/> High vet bills | <input type="checkbox"/> Rough with children | <input type="checkbox"/> Unable to housetrain | <input type="checkbox"/> NONE |

Animals may, sometimes, have a medical issue(s) not evident while at the shelter. Are you willing to assume this responsibility? **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 will give my permission to my vet to release this information to the Warwick Valley Humane Society. **Initial as read** _____

I will not allow my adopted dog to have ears or tail cropped or be de-barked. **Initial:** _____

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 it's lifetime. I agree to keep this animal in accordance with all applicable laws of the community and State. I understand that completing this application does not guarantee an adoption and that Warwick Valley Humane Society reserves the right not to adopt. **Initial:** _____

I understand and agree that in the event that I am no longer able or unwilling to care for this adopted pet, this pet will be returned to Warwick Valley Humane Society with prior notification. **Initial:** _____

I attest that I have never pled guilty to or been convicted of neglect or cruelty to animals?

Yes ☐ **No** ☐

I give permission to Warwick Valley Humane Society to submit my information to Hill's Science Diet Shelter Nutrition Partnership program upon adoption. This offer does not affect the outcome of this application.

Accept: _____

Decline: _____

By signing, I affirm I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that Warwick Valley Humane Society may approve or deny an adoption based on this or other information during my visit. I understand that the application process may take 24 to 72 hours to process due to the need for confirmation on the information provided and *that giving false and/or incomplete information may result in being denied and I agree to all terms and conditions.*

Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to twenty years.

Print Name: _____

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** **1.** _____

2. _____

Landlord **Y** **N** _____

Result **Y** **N** _____