



Dog Adoption Application

Animal Information

Dog's Name: _____ Application Date: _____

Control No.: _____ Age: _____

Sex (Circle): Male Female Description: _____

Information About You

Name: _____ Telephone: (____) _____ (H)
(____) _____ (Cell)

Address: _____

City: _____ State: _____ Zip: _____

E-mail (optional): _____

(Please circle all that apply.)

Have you ever owned a dog before? Yes or No

If so, what happened to her/him?

Are you at least 21 years of age? Yes or No
No

Are you currently a student? Yes or No

Are you currently employed? Yes or No

If yes, please provide the name and location of employer

How long have you worked for this employer?

What is your current position?

Are you retired? Yes or No

Pet History

Please list the pets you currently own and whether or not they are spayed/neutered:

Species _____	Sex: Female or Male	Spayed or Neutered
Species _____	Sex: Female or Male	Spayed or Neutered
Species _____	Sex: Female or Male	Spayed or Neutered
Species _____	Sex: Female or Male	Spayed or Neutered

Information About Your Household

(circle all that apply)

What best describes where you live:

House	Mobile Home	Apartment	
City	Suburb	Rural	Village

Do you own or rent you living quarters? Own or Rent

How long have you lived at your current residence?

Other arrangements:

If you rent, Landlord's name: _____ Telephone:

Do you plan to move in the next six (6) months: Yes or No

If yes, what are your plans for your dog(s)?

Traffic Patterns in your residential area: Heavy Medium Light

Will this dog be kept indoors or outdoors? Indoors Outdoors Both

How will you keep this dog confined to your property?

Where will the dog be kept when you and/or family members are absent from the home?

Number of people living in your home: _____Adults

_____Children Ages:

How many hours is someone home: _____Daytime _____Evening

Is anyone in the household allergic to pets?

How would you describe your household? Circle one: Active Noisy Average
Quiet

Who will be primarily responsible for the dog's care? Self____ Parents ____
Children____ Other____

Do all family members agree about this adoption? Yes or No

Dog Care Plans

For what purpose to you wish to adopt a dog from the HCAS?

Who is your current veterinarian? Name, Address and Phone Number

Who do you plan to use as a veterinarian?

What will you do with your dog when you go on a vacation?

What will you do with your dog if you move?

How much do you expect to spend on dog food, treats, daily care per month?

What type of regular veterinary care will you provide for your dog?

How will you help your new pet adjust to a new home environment?

How long do you think it will take for your new pet to adjust to your household?

What type of training do you plan to use to make your new dog feel comfortable in its new environment?

Do you plan to take your dog to obedience training?

If yes, have you identified a trainer or program?

**Adoption Agreement For: _____ ID
number _____**

Adoption Waiver

By signing this document, I am accepting all of the risks associated with handling animals during the adoption process. I further attest that the information given is true and I understand that giving false or incomplete information may result in this application being denied. We are not responsible for any physical or behavioral conditions or expenses that may arise after the final adoption of the dog has been completed.

Please initial next to each statement and sign at the bottom.

_____ I understand that the Horseheads Community Animal Shelter (HCAS) makes no guarantees of the _____ health, habits, temperament of any other fact about the animal.

_____ I understand that my pet may have an illness that is not immediately apparent, that the HCAS is not responsible for veterinary care should the animal have illness.

_____ I understand there is a risk that my current family pets could be exposed to illness and the HCAS is not responsible for veterinary care should they become ill.

_____ I understand it is recommended that my new pet be isolated until it has seen my veterinarian.

_____ I understand that a pet needs to be seen by a veterinarian at least once a year for an annual physical, vaccinations, de-worming and flea/heartworm preventative.

_____ In adopting this animal, I agree to keep my pet current on its rabies vaccinations.

_____ If not already altered, I agree to have this pet spayed/neutered unless otherwise recommended by a veterinarian.

_____ I can afford and agree to provide food and routine veterinary care for this animal.

_____ I agree to keep my animal appropriately housed and restrained.

_____ I see this animal as a lifelong commitment and family member.

Signature _____ Date _____

----- **For Office Use Only-**

HCAS Actions

Today's Date: _____ Hold Until: _____ HCAS ID Number: _____

Landlord Contacted (date) _____ Approved ___ Denied ___

Adoption Decision (date) _____ Approved ___ Denied ___

If denied, reason for denial:

Adoption Date: _____ Adoption Fee: _____ HCAS Staff Signature:

6/7/2017

Revised
