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| --- |
| Office Use Only  Control #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ACO Reviewed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ACO Approved Denied  Supervisor  Approved Denied  DATE\_\_\_\_\_\_\_\_\_\_\_ |



SHELTER – DOG ADOPTION APPLICATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Date: APPLICANTS INFORMATION** *(please print clearly and answer all questions)* | | | |
| **Applicants Full Name** |  |  | **Age** |
| **Co-Applicants Full Name** |  |  | **Relationship to Applicant** |
| **Street Address, City, State** | | | |
| **Home Phone** | **Cell Phone** |  | **Email** |
| **CANINE INFORMATION** | | | |
| **Name of dog you are applying for?** |  |  | **Breed** |
| **Why do you want to adopt a Dog?** □ Family Pet □ Companion □ Protection □ Gift □ Other | | | |
| **If Gift , Protection or Other please explain.** | | | |
| **What are you looking for in a dog:** | | | |
| **Age:** □ 2 – 6 Months □ 6 – 12 Months □ 1 – 6 Years □ 7 Years + | | | **Sex:** □ Male □ Female □ No Preference |
| **Coat:** □ Short □ Medium □ Long □ No Preference | | | **Color Preference:** |
| **Personality:** □ Playful □ Calm □ Shy □ Affectionate □ Likes Dogs □ Likes Cats □ Likes Kids | | | |
| **Health Preference?** □ Healthy Only □ Short Term Problems □ Special Needs □ No Preference | | | |
| **Where will the dog live / sleep?** □ Indoors □ Outdoors □ Inside and Outside ***Please explain below*** | | | |
|  | | | |
| **Are you willing to take the time to housebreak a dog, and do you understand that changing a dog’s living environment may cause the dog to have accidents?** □ Yes □ No | | | |
| **If you are applying for a puppy or dog that is not housetrained, how will you housetrain?** | | | |
|  | | | |
| **If behavioral issues should arise, what actions will you take?** | | | |
| **How will you exercise the new dog?** | | | |
| **How many hours will the dog be left alone: Daytime? Evening?** | | | |
| **When no one is home or during traveling where will the dog stay?** | | | |
| **If you have to move what will you do with your new dog?** | | | |
| **Have you ever been cited for any dog related ordinances or any other animal related offenses?** □ Yes □ No | | | |
| **Do you agree the dog will NOT be used for fighting, breeding, illegal activities or be found at any time in a location where is presence is illegal?** □ Yes □ No | | | |
| **Have all household members met and agreed on a new Dog?** □ Yes □ No | | | |
| **What reasons do you feel are valid for giving up a pet? Check all that apply.** | | | |
| **□ Fleas □ Shedding □ Expenses □ Noisy □ Chewing/Clawing □ Destructive □ Bites □ New Baby □ Moving □**  **Marriage or Divorce □ Doesn’t Listen □ Pets Medical Condition □ No Time□ Would not Consider**  **□ Other *(please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | |

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| **PET AND VETERINARY HISTORY** | | | | | | |
| **Have you ever had to give up ownership of a pet?** □ Yes □ No | | | | | | |
| **If Yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Do you currently have any pets?** □ Yes □ No **If Yes, Please complete the information below.** | | | | | | |
|  | **Pet 1** | | **Pet 2** | | **Pet 3** | |
| **Pet’s Name** |  | |  | |  | |
| **Type of Pet / Breed** |  | |  | |  | |
| **Sex / Age** |  | |  | |  | |
| **Spayed or Neutered** |  | |  | |  | |
| **Up to Date with Rabies** |  | |  | |  | |
| **Up to Date with other Vaccines** |  | |  | |  | |
| **Indoor or Outdoor** |  | |  | |  | |
| **Current Veterinarian’s Name and Telephone number?** | | | | | | |
| **Name of person on file with the Vet?** | | | | | | |
| **Name of Veterinarian you will use for your new pet?** | | | | | | |
| **Contact info for Veterinarian you will use for your new pet?** | | | | | | |
| **HOUSEHOLD INFORMATION** | | | | | | |
| **Is your residence:** □ House □ Condo □ Apartment □ Other *(explain)* | | | | | | |
| **If you live in a Condo or Rent – Does the Association or Landlord have Breed or Size Restrictions? □** Yes □ No **□** Not Sure  **If yes, please explain** | | | | | | |
|  | | | | | | |
| **Do you:** □ Own □ Rent □ Live w/Parents □ Live w/Friends □ Other *(explain)* | | | | | | |
| **If you live with Parents, Friends or Rent – Do you have permission to have a Dog? □** Yes □ No | | | | | | |
| **If you Rent, please provide Name & Telephone number of Landlord.** | | | | | | |
| **Landlord Name** |  |  |  | **Telephone** |  |  |
| **How long at current residence?** | | | | | | |
| **Is your Yard Fenced in? □** Yes □ No **If Yes, type and height?** | | | | | | |
| **Any Holes or Gaps in the Fence? □** Yes □ No | | | | | | |
| **Do you have Tie-Outs? □** Yes □ No | | |  | **Do you have Overhead Runs? □** Yes □ No | | |
| **Number of Adults in household?** | | | | **Number of Children in household?** | | |
| **Please list all members living in household** | | | | | | |
| **Name** | | **Age** | | **Name** | | **Age** |
| **Name** | | **Age** | | **Name** | | **Age** |
| **Name** | | **Age** | | **Name** | | **Age** |
| |  | | --- | | **ADDITIONAL INFORMATION** | | **Who would take ownership of animal in the event something were to happen to the current owner?** | | **Name:** | | **Address:** | | **Phone Number:** | | **Age:** | |  | | | | | | | |
| **Who would take ownership of animal in the event something were to happen to current owner?** | | | | | | |
| **Name:** | | | | | | |
| **Address:** | | | | | | |
| **Phone Number:** | | | | | | |
| **Age:** | | | | | | |

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| --- | --- | --- | --- |
| **REFRENCES** | | | |
| ***Please Provide two (2) references that are NOT family members.*** | | | |
|  | **Reference #1** | **Reference #2** | |
| **Name** |  |  | |
| **Age** |  |  | |
| **Phone** |  |  | |
| **Email Address** |  |  | |
| **AGREEMENT AND SIGNATURE** | | | |
| *By signing this application, I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, Vernon Township reserves the right to annul the adoption and reclaim the animal. While Vernon Township makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to us or our veterinarian. I hereby authorize the Vernon Township to receive information from Veterinarians and others listed on this application.* | | | |
| **Signature:** | | | **Date:** |

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| **INTERNAL USE ONLY** | |
| **Date Application Received:** |  |
| **Control #:** |  |
| **Name of Dog:** |  |
| **Received By:** |  |
| **Rabies Administered/Date** |  |
| **Neutered/Spayed Date** |  |
| **Microchip #:** |  |
| **Assessor/Landlord Verified?** |  |
| **Spoke to Reference #1** |  |
| **Spoke to Reference #2** |  |
| **Spoke to Veterinarian (Name/Date)** |  |
| **Adoption Agreement Signed:** |  |
| **Approved By/Date:** |  |
| **Denied By/Date:** |  |
| **Reason For Denial : (Explain below)** |  |
| **Date Adopted:** |  |
| **Medical Records Given:** |  |
| **Adoption fee amount/Date:** |  |
| **Notes:** | |
|  | |