

# Pet Adoption Application

Please fill out the following application, as each of our animals is unique and special! We want to make sure that the animal you are interested in is the right fit not only for them, but also for you and your family! Applications are processed in the order that they come in. On occasion, this can take up to several days due to days that vet clinics and businesses are closed. Thank you for patience in finding a new family member! -AAHS Staff

Pet applying for: \_\_\_\_\_ Dog or Cat (Circle one)

Name of employee assisting you in this process: \_\_\_\_\_

## **Personal Info:**

Name of Adopter: \_\_\_\_\_ Are you over the age of 18? Yes / No

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Co-Adopter Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you: Rent Own Live with Parents School Housing

If you rent or live with parents, please list their name(s) and phone number:

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Will your pet live somewhere else other than listed, on a regular basis? Yes / No

If so, please list the address:

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List owner of home or landlord's name and phone number if applicable for above address:

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Number of children living in home: \_\_\_\_\_ Ages: \_\_\_\_\_

Do any other children and/or animals visit often? Yes / No (Circle one)

If yes, what are the ages of the children and/or types of animals:

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This pet is for: You Children Family Someone Else Gift

I am looking to adopt because \_\_\_\_\_

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**Training/ Behavioral:**

What characteristics or behavior habits are you NOT willing to work with?

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How will you train your pet? At Home Training Class I don't know Other

How will you discipline your pet?

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Do you know how to housebreak a pet? Y / N Are you willing to learn? Y / N

How will you work with your pet if they are having difficulties adjusting to your family/home?

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Have you ever had to re-home a pet? Y / N If so, what was the reason and how did you go about the rehoming process?

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What would you do if your dog develops a problem with:

Digging:

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Barking:

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Chewing:

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Separation Anxiety:

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Aggression/ Nipping/ Jumping:

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### **Animal Care:**

This pet will be mostly: Indoor / Outdoor If outdoor, do you have shelter? Y / N

What type of shelter? \_\_\_\_\_

For cats: Do you plan on declawing? No Front Declaw Front and Back Declaw

This pet will mostly be: (Circle all that apply): Companion Watchdog Hunter Farm Animal Worker Emotional Support Animal (ESA)

If for hunting, what will you do with this pet when it can no longer hunt or won't hunt?

What if the dog is gun shy? \_\_\_\_\_

If for working, what will you do with this pet if it can no longer work or won't work?

If this will be an ESA, please provide documentation needed.

When outside will your animal be: Leashed Run Free In a fenced in area

Do you have a completely fenced in yard? Y / N

How tall is your fence? (If applicable) \_\_\_\_\_

Will this pet wear identification? Y / N If no, why? \_\_\_\_\_

What will you do with your pet if you move? \_\_\_\_\_

How many hours per day can you devote to your pet on average? \_\_\_\_\_

How many hours per day will your pet be alone on average? \_\_\_\_\_

Are you familiar with this particular breed? Y / N

How much time are you prepared for your new pet to adjust to your home?

Are you able to afford a bill of \$200- \$800 (or more) for emergency vet care? Y / N

Are you committed to providing a responsible home for your pet's entire life (15+years)? Y / N

Who will be the animal's primary caregiver? \_\_\_\_\_

Please list 3 references below, excluding family members (Name, Phone Number and

Relationship):

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### **Vet Information**

Current Veterinarian Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Names animals records are under: \_\_\_\_\_

Previous Veterinarian in the last 5 years (Please list phone numbers)

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### **Current Pets**

Name:	Name:	Name:	Name:
Type:	Type:	Type:	Type:
Age:	Age:	Age:	Age:
M / F	M / F	M / F	M / F
Current on Vaccines?	Current on Vaccines?	Current on Vaccines?	Current on Vaccines?
Y / N	Y / N	Y / N	Y / N
Altered?	Altered?	Altered?	Altered?
Y / N	Y / N	Y / N	Y / N
Indoor or Outdoor	Indoor or Outdoor	Indoor or Outdoor	Indoor or Outdoor

- I understand by signing below that everything stated in my application is true. The shelter has the right to deny any application at any time for any reason. New applications will need to be filled out every 90 days.

Signature of adopter: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of AAHS Staff Member: \_\_\_\_\_