

Dog ID#
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____

# *Animal Friends of the Valleys*

## **CANINE ADOPTION APPLICATION**

Completing your application is the first step toward adopting a dog. Upon completion, please return to reception for your interview.

**Are you willing and able to make a LIFETIME commitment to the care of this pet (15+ years)?  Yes  No**

CONTACT INFORMATION		
Name:		
Address:	Apt/Suite:	City/State/Zip:
Home Phone:	Cell Phone:	
Email Address:		

SOURCE OF INCOME		
<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other(please specify): _____

EMERGENCY CONTACT	
Name:	Phone:
Please list the name and number of a relative/friend who would be most helpful in the event your pet is found stray and you cannot be reached.	

TYPE OF HOUSING				
I live in a:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo	<input type="checkbox"/> Mobile Home
I:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent/Lease*	<input type="checkbox"/> Other(please specify): _____	
*Landlord Name:			*Landlord Phone:	
<b>I understand a yard inspection may be required as part of the adoption process. PLEASE INITIAL: _____</b>				

PERSONS IN HOUSEHOLD	
Age(s) of Children/Grandchildren:	<input type="checkbox"/> None
Does anyone in the household have allergies to animals? (Please check all that apply.) <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other <input type="checkbox"/> None	

PLEASE LIST INFORMATION FOR ALL PETS YOU HAVE HAD IN THE PAST 5 YEARS								
Name	Breed	Age	Sex M/F	Sterilized? Y/N	Kept IN/OUT	How long in your care?	Do you still own?	Licensed? Y/N

**PLEASE CONTINUE ON REVERSE SIDE**

**ABOUT THE DOG YOU WANT TO ADOPT**

Where will the dog be kept during the day?       Inside Home    Outside Home    Garage    Kennel    Yard    Other

Where will the dog be kept during the night?       Inside Home    Outside Home    Garage    Kennel    Yard    Other

Where will the dog be kept when you travel? (friend, relative, neighbor, etc.) \_\_\_\_\_

Length of time dog will be left alone:               Less than 1 hour    1-4 hours    4-8 hours    Over 8 hours

Is your yard fenced?  No Yard    No    Yes: How high? \_\_\_\_\_ft   Material (chain link, wood, brick, etc.) \_\_\_\_\_

What form of shade is in your yard?               Trees    Covered Patio    Dog House    None    Other

Do you have a pool?                                       In Ground    Above Ground    Fenced from Dog Area    Covered    No Pool

**PUPPY ADOPTIONS ONLY**

IF YOU ARE ADOPTING A PUPPY UNDER 6 MONTHS OF AGE, YOU MUST **READ AND INITIAL** THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:

*PLEASE ASK YOURSELF THE FOLLOWING QUESTIONS:*

1. Can I afford to treat an illness?
2. How much can I spend on veterinary care?
3. If your puppy becomes ill and passes away, will the family be able to cope with the loss?

Parvo is the most prevalent in the Spring and Fall when many puppies are born. The risk at this time is the greatest. All puppies, including purebreds, are at risk of this disease. Animal Friends of the Valleys does its best to place only healthy puppies for adoption.

**I have read and understand this information.      PLEASE INITIAL: \_\_\_\_\_**

All dogs and cats are given their 1st set of vaccines. It is highly recommended to follow up with a booster within 30 days from the initial vaccine given. Low cost vaccinations are available at our Spay/Neuter Clinic. An adoption counselor will provide you with a clinic flyer that includes the hours, directions, and pricing.

By signing, I hereby release Animal Friends of the the Valleys from liability from any injury or incident incurred to myself and all members of my party. I certify the information on my application is true to the best of my knowledge.

<b>APPLICANT SIGNATURE:</b>	<b>DATE:</b>
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*Animal Friends of the Valleys reserves the right to reject any application.*

**STAFF USE ONLY**

Landlord Approval:       Approved       Denied      Staff Initial:      Date:

Yark Check:               Approved       Denied      Staff Initial:      Date:

Additional Notes/Questions:

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