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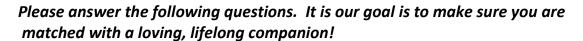
DOG APPLICATION



Date:							
Which dog have you chosen? First Choice	Second Choice:						
Your information:							
		Adopters must be 21 or older					
Name:							
Address:	City:	StateZip					
Phone: (H)	Phone (W)						
Email:*Photocopy of Driver's License is requi	red. Submitted:						
Type of residence: House Dup	olex Apartment	Condo Mobile home					
Do you: Rent (fill out a Landlord Ve	erification form) Ov	vn Live with the home owner					
Name of Landlord: Phone:							
How long are you gone during working	hours (day or night)? Se	elf Others in home:					
How many adults live in your home?	Children?	Children's Ages:					
Have you ever given away an animal or	surrendered an animal	to a shelter? Yes No					
If yes, describe the circumstances:							
	ADOPTION POLICIES						
	initial each item to ackn						
, , ,		e household meet the animal prior to					
adoption and approval of	<u> </u>	hat was a surrant an invala has a a surrant					
I certify & understand that it is a REQUIREMENT that my current animals have a current rabies vaccination.							
	ber of any veterinarian	that you have used in the past 5 years.					
Veterinary Clinic:	Area Co	de/Phone: ()					
Animal Owners' names listed on accour	nt at Veterinary Clinic:						

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ADOPTION ASSESSMENT



How experienced do you feel in caring for a dog? ☐ No experience, but I'm excited to learn! ☐ Some experience, I've had dogs before. ☐ Lots of experience- friends and family consider me an expert! ☐ Other:	How would you describe your household? Very quiet- only a few residents and not too many guests. Average- not too quiet, but not party animals. Very active- lots of people coming in and out. Other:
How experienced do you feel in securing veterinary care for a dog? No experience- but I am eager to learn! Some experience- I know how to find a veterinarian for animal. I have a vet that I use and love! Other:	My dog needs to be good with: Cats Other Dogs Children under 8 years of age Children over 8 years of age Older Adults Other:
Are you aware of any restrictions that would prevent you from adopting a dog? No Restrictions Landlord permission Insurance policies Weight or size restrictions Breed restrictions	What energy level are youlooking for in a dog? ☐ High energy- needs lots of exercise ☐ Medium energy- daily walks, moderate exercise ☐ Low energy- senior dog or couch potato, yard time is sufficient. ☐ Other:
When I'm not home, my new dog will spend his/her time in In a crate or Kennel inside the home In a garage or workshop Loose in the house Restricted to one room in the house In the yard Other- dog day care, or with friends/family	How will you exercise your dog? Check all that apply: Fenced Yard Loose outside On Leash Hiking/Jogging

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ADOPTION ASSESSMENT

(Please answer to the best of your ability)

Tell us what qualities you are looking for in a new dog?

Are you familiar with Crate Training?	Y/N
Have you used a Crate?	

Are you willing to learn about Crate training as an option for problem solving? Y/N

If the dog you adopt is not house-trained, or needs basic skills to be a good companion in your home, what steps will you take?

Have you ever dealt with behavior problems such as digging, barking, jumping, or chewing? Y/N

What informational handouts would you like to take home with your new dog, if any?

CURRENT PET INFORMATION:

Please list current and other pets you have owned in the past (5) years.

Breed of Animal	<u>Pet's Name</u>	M/F	Spay/Neuter		Kept Where?		<u>Age</u>	Still Have?	Why Not?
		M F	Yes No		IN	OUT		Yes No	
		M F	Yes No		IN	OUT		_ Yes No	
		M F	Yes No		IN	OUT		Yes No	
		M F	Yes No		IN	OUT		Yes No	
		M F	Yes No		IN	OUT		Yes No	
* If not spayed or ne								_	

Are all of your animals up-to-date on rabies and distemper vaccinations? (Circle one) YES/NO/UNSURE

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INFORMATION ABOUT YOUR NEW PET

	TABLE TO SKINEW TET
Do you have a plan if, for any reason, y	you are no longer able to care for your animals? (Example
Moving) What is it?	▼ ¢
If for any reason you can no longer kee	ep the animal you adopt, and you cannot find a new home for it,
do you agree to contact WAHS before	taking other measures? Do you: Agree Disagree
9	SHOCK COLLAR POLICY
been proved to cause negative asso	from our shelter to be "trained" with shock collars. They have ciations with certain people, objects, etc. and can actually cause problems to become worse.
WAH	IS POLICY ON PET HEALTH
It is understood that at the time care of the adopted dog. The WAHS will adoption, and work to resolve them, but arises within 14 days of the adoption date requires medical attention the WAHS may be a subject of the sunderstood, that if the WAH responsible for that necessary care. If an adopter can return the dog to the WAHS please know that if a dog is returned the stopping will no longer be available for acceptable to provide for the new the adopter desires to adopt another dod date the adopter may do so with an approximation.	cions on the adoption of your new animal! It of adoption, the adopter will assume responsibility for the medical make an effort to identify any medical issue(s) at the time of the it is possible a medical issue may not be identified. If a medical issue the adopter is asked to please contact WAHS. If the medical issue(s) are be able to assist, but in a limited manner. It is unable to assist with medical care, the adopter will be solely an adopter is not able to provide for the necessary medical care the sand adopt another dog. In adopter to the WAHS for medical reasons not addressed by the adopter doption to the returning adopter. If medical issues arise after 14 days are solely responsible for the medical care of the dog. Again, if an cessary medical care the adopter can return the dog to the WAHS. If any at the this time, depending on the length of time since the adoption roved application. Please know that if a dog is returned to the WAHS e adopter the dog will no longer be available for adoption to the
I have read the medical care policy o	and agree to the policy. Please Initial:
	is accurate. I understand that to misrepresent any information ciety the authority to refuse adoption or reclaim an adopted previous statements.
Print Name:	Signature:

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FOR OFFICE USE ONLY



	Initials	Please Fill out				
Homeowner verification		Date:	: Comments:			
Landlord Verification		Yes:	No:	Comments:		
Left Message for		Date:		Time:	Comments:	
Landlord		Date:		Time:	Comments:	
Veterinarian Check		Date:				
		Updated on shots?		ots?	All pets S/N?	
Approve or Deny	Y/N	Date / Signature				
Dog Director	Y/N	Date:		Name:		
Board Member	Y/N	Date:		Name:		

Susie's Notes: