

WINONA AREA HUMANE SOCIETY

A 501(c)(3) non-profit organization



DOG APPLICATION

Date: _____

Which dog have you chosen? First Choice: _____ Second Choice: _____

Your information:

Adopters must be 21 or older

Name: _____

Address: _____ City: _____ State _____ Zip _____

Phone: (H) _____ Phone (W) _____

Email: _____

***Photocopy of Driver's License is required. Submitted: Y/N**

Type of residence: ___ House ___ Duplex ___ Apartment ___ Condo ___ Mobile home

Do you: ___ Rent (*fill out a Landlord Verification form*) ___ Own ___ Live with the home owner

Name of Landlord: _____ Phone: _____

How long are you gone during working hours (day or night)? Self _____ 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

(Please initial each item to acknowledge)

<input type="checkbox"/>	I agree to (do my best to) have all members of the household meet the animal prior to adoption and approval of my application.
<input type="checkbox"/>	I certify & understand that it is a REQUIREMENT that my current animals have a current rabies vaccination.

Please provide the name & phone number of any veterinarian that you have used in the past 5 years.

Veterinary Clinic: _____ Area Code/Phone: (_____) _____

Animal Owners' names listed on account at Veterinary Clinic: _____

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ADOPTION ASSESSMENT



Please answer the following questions. It is our goal is to make sure you are matched with a loving, lifelong companion!

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 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: _____

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

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 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: _____
-

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: _____

What energy level are you looking 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: _____

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.

<u>Breed of Animal</u>	<u>Pet's Name</u>	<u>M/F</u>	<u>Spay/Neuter</u>		<u>Kept Where?</u>		<u>Age</u>	<u>Still Have?</u>		<u>Why Not?</u>
_____	_____	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 neutered, please explain: _____

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



Do you have a plan if, for any reason, you are no longer able to care for your animals? (Example: Moving) What is it? _____

If for any reason you can no longer keep 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

SHOCK COLLAR POLICY

WAHS does not allow dogs adopted from our shelter to be "trained" with shock collars. They have been proved to cause negative associations with certain people, objects, etc. and can actually cause problems to become worse.

I agree to honor our policy on shock collars. Please Initial _____

WAHS POLICY ON PET HEALTH

Congratulations on the adoption of your new animal!

It is understood that at the time of adoption, the adopter will assume responsibility for the medical care of the adopted dog. The WAHS will make an effort to identify any medical issue(s) at the time of adoption, and work to resolve them, but it is possible a medical issue may not be identified. **If a medical issue arises within 14 days of the adoption date the adopter is asked to please contact WAHS.** If the medical issue(s) requires medical attention the WAHS may be able to assist, but in a limited manner.

It is understood, that if the WAHS is unable to assist with medical care, the adopter will be solely responsible for that necessary care. If an adopter is not able to provide for the necessary medical care the adopter can return the dog to the WAHS and adopt another dog.

Please know that if a dog is returned to the WAHS for medical reasons not addressed by the adopter this dog will no longer be available for adoption to the returning adopter. **If medical issues arise after 14 days past the adoption date the adopter will be solely responsible for the medical care of the dog.** Again, if an adopter is not able to provide for the necessary medical care the adopter can return the dog to the WAHS. If the adopter desires to adopt another dog at the this time, depending on the length of time since the adoption date the adopter may do so with an approved application. Please know that if a dog is returned to the WAHS for medical reasons not addressed by the adopter the dog will no longer be available for adoption to the returning adopter.

I have read the medical care policy and agree to the policy. Please Initial: _____

I certify that the above information is accurate. I understand that to misrepresent any information grants the Winona Area Humane Society the authority to refuse adoption or reclaim an adopted pet. I authorize investigation into all 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 Landlord		Date: Time: Comments:
		Date: Time: Comments:
Veterinarian Check		Date:
		Updated on shots? 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: