



**Adoption Application**

Shelter pet's Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ Cell/Other \_\_\_\_\_

Are you over 60? Yes or No Date of Birth \_\_\_\_\_ Are you under 25? Yes or no

Veterinarian \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever surrendered any pets to a shelter or rescue? Yes or No Are you on the Kibble program? Yes or No

What type(s) of unacceptable behavior from the pet would cause you to return it to us? \_\_\_\_\_

Housing: \_\_\_House \_\_\_Apartment \_\_\_Condo \_\_\_Mobile Home \_\_\_Own \_\_\_Rent \_\_\_Live w/Parent \_\_\_Rent MH Space

Landlord Name \_\_\_\_\_ Phone Number \_\_\_\_\_

How many members in the household? \_\_\_\_\_ Why are you adopting this pet? \_\_\_\_\_

Who will carry the main responsibility of caring for this animal? \_\_\_\_\_

List all current pets \_\_\_\_\_

Are your current pets spayed / neutered? \_\_\_\_\_

What do you expect from you pet? \_\_\_\_\_

I expect to spend \$ \_\_\_\_\_ yearly for the care of my pet.

Where will your pet spend most of its time? \_\_\_\_\_

How much time will you spending playing with your pet on a daily basis? \_\_\_\_\_

Cats-Will you be having this cat declawed? Yes or No

Dogs-Are you familiar with this breed-mix? \_\_\_\_\_ Have you attended any dog training classes in the past? Yes or No

How are you planning on transporting the dog to your home \_\_\_\_\_

Where will dog sleep? \_\_\_\_\_ Type and height of fence: \_\_\_\_\_ Size of yard: \_\_\_\_\_

Do you have a favorite or preferred Breed(s)? \_\_\_\_\_ Are there any breeds you dislike? Yes or No

Which ones? \_\_\_\_\_

It is the responsibility of the adopter to provide veterinary visits, proper vaccines (including rabies) and the required licensing for your area for the life of the dog.

I have received information about common diseases of shelter dogs from H.S.W.M. I realize that my dog may have undiagnosed medical problems or may be incubating an infectious condition. Due to incubation periods for illness/disease, it is the recommendation of the Humane Society of the White Mountains that the newly adopted pet be kept separate from any other pets in the home for a period of 7 days. If the newly adopted pet becomes ill, it is the responsibility of the adopter to seek veterinary care for the pet. If the adopter is unable or unwilling to keep or care for the newly adopted pet, it is expected to be returned to the Humane Society of the White Mountains.. **NO REFUNDS WILL BE GIVEN-NO EXCEPTIONS.**

This pet has been temperament tested and is available for adoption. This pet has been given a wellness exam and is apparently healthy. All dogs entering the Shelter are giving a DAPP vaccination and a Bordatella /Para influenza vaccination. Although the animal appears well, an appointment for consultation with a local veterinarian should be made as soon as possible. The Humane Society pays the cost of the office visit with one of the contracted veterinarians if the animal is taken within 21 day of adoption date. The Humane Society of the White Mountains will not be able to provide further assistance with diagnosis, or any monetary assistance for the care of this dog.

If once approved for adoption you wish to leave the pet with us and pick it up at a later date you must leave a \$30 deposit and/or pay for the adoption fee in full. You must then provide us the date you will return for the pet. If you do not contact us before this date, or if you fail to return for the pet on the date specified any monies paid will NOT be refunded and will be considered a donation to the Shelter.

I understand that if I have provided false information on this application I may not be approved for the adoption and all monies are not refunded. I accept responsibility for the continued care of this pet for the entirety of its natural life. If unable to continue to provide quality care for this pet I will return the pet to the Humane Society of the White Mountains.

Adopter's signature: \_\_\_\_\_ Date \_\_\_\_\_ Witnessed by: \_\_\_\_\_

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL AND THE PROPERTY OF THE HUMANE SOCIETY OF THE WHITE MOUNTAINS.

.....OFFICE USE ONLY.....

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Pending Home inspection? Yes or NO

Comments: \_\_\_\_\_