



# Dog Adoption Application

124 Marina Drive, Montour Falls, NY 1486

e-mail: info@schuylerhumane.org

Phone: 607-594-2255

Fax: 845-501-3211

## Animal Information

Dog's Name \_\_\_\_\_ Application Date: \_\_\_\_\_

Sex (Male/Female): \_\_\_\_\_ Age (months): \_\_\_\_\_

Description: \_\_\_\_\_

HSSC ID Number: \_\_\_\_\_

DL-18 Number: \_\_\_\_\_

## Information About You (please print)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

e-mail (if available): \_\_\_\_\_

Other contact information (alternative address, telephones etc.) \_\_\_\_\_

Are you at least 21 years of age?  Yes  No

Are you currently a student?  Yes  No

Are you currently employed?  Yes  No

If yes, please provide the name and location of employer \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_

What is your current position? \_\_\_\_\_

Are you retired?  Yes  No

Do you have any circumstances that would limit your ability to feed, exercise and provide sanitation for this dog?  Yes  No

If yes, please explain the situation: \_\_\_\_\_

## **Information About Your Household**

What best describes where you live:

House                       Mobile Home                       Apartment  
 Duplex                       Rural                       Village  
 City                       Suburb                       Other: \_\_\_\_\_

Do you own or rent your living quarters?                       Own                       Rent

How long have you lived at your current residence?

Other arrangements: \_\_\_\_\_

If you rent, landlord's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*The landlord will be contacted to determine whether you have permission to bring an animal onto the property.*

Do you plan to move within the next six (6) months                       Yes                       No

If yes, what are your plans for your pet(s) \_\_\_\_\_

Traffic Patterns in your residential area:     Heavy     Medium     Light    Speed Limit \_\_\_\_\_ Mph

Will this pet be kept indoors or outdoors?     Indoors                       Outdoors                       Both

How will you keep this pet confined to your property? \_\_\_\_\_

Where will the pet be kept when you and/or family members are absent from the home?

\_\_\_\_\_

Where will the pet be kept in the evening hours? \_\_\_\_\_

Number of people living in your home:     Adults \_\_\_\_\_

Children    Ages: \_\_\_\_\_

How many hours is someone home:     Daytime                       Evening

Is anyone in the household allergic to pets?                       Yes                       No

How would you describe your household?                       Active                       Noisy

Average                       Quiet

Who will be primarily responsible for the pet's care?                       Self                       Parents

Children                       Other \_\_\_\_\_

Do all family members agree about this adoption?                       Yes                       No

## **Dog Care Plans**

Why do you wish to adopt a dog from the HSSC and for what purpose? \_\_\_\_\_  
\_\_\_\_\_

Who is your current veterinarian? Name, Address and phone number \_\_\_\_\_  
\_\_\_\_\_

Who do you plan to use as a veterinarian? \_\_\_\_\_

What will you do with your dog when you go on vacation? \_\_\_\_\_

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

How much do you expect to spend on dog food, treats, daily care per month? \_\_\_\_\_

What type of regular veterinary care will you provide for your dog? \_\_\_\_\_  
\_\_\_\_\_

How will you help your new pet adjust to a new home environment? \_\_\_\_\_  
\_\_\_\_\_

How long do you think it will take for your new pet to adjust to your household? \_\_\_\_\_

What kind and how much exercise will you be able to provide for your dog? \_\_\_\_\_

What type of training do you plan to use to make your new pet feel comfortable in its new environment?  
\_\_\_\_\_

Do you plan to take your dog to obedience training?    \_\_\_ Yes    \_\_\_ No

If Yes, have you identified a trainer or program? \_\_\_\_\_

## **Pet History**

Please list the pets you currently own and whether or not they are spayed/neutered:

Species \_\_\_\_\_ Sex \_\_\_ \_\_\_ Spayed/Neutered    Species \_\_\_\_\_ Sex \_\_\_ \_\_\_ Spayed/Neutered

Species \_\_\_\_\_ Sex \_\_\_ \_\_\_ Spayed/Neutered    Species \_\_\_\_\_ Sex \_\_\_ \_\_\_ Spayed/Neutered

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Species \_\_\_\_\_ Sex \_\_\_ \_\_\_ Spayed/Neutered    Species \_\_\_\_\_ Sex \_\_\_ \_\_\_ Spayed/Neutered

**Please list the pets you've had in the past five years that you no longer have:**

Species \_\_\_\_\_ Sex \_\_\_ \_\_\_ Spayed/Neutered    What happened to them? \_\_\_\_\_

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**Adoption Agreement For:** \_\_\_\_\_  
(Dog's name)

**ID number** \_\_\_\_\_

**Adoption Waiver**

*By signing this document, I am accepting all of the risks associated with handling animals during the adoption process. I understand that this document will be retained by the Humane Society of Schuylter County. I further attest that the information given is true and understand that giving false or incomplete information may result in this application being denied.*

**Please initial next to each statement and sign at the bottom.**

\_\_\_\_\_ I understand that the Humane Society of Schuylter County (HSSC) makes no guarantees of the health, habits, temperament or any other fact about the animal.

\_\_\_\_\_ I understand that my pet may have an illness that is not immediately apparent, that the HSSC is not responsible for veterinary care should the animal have illness.

\_\_\_\_\_ I understand there is a risk that my current family pets could be exposed to illness and the HSSC is not responsible for veterinary care should they become ill.

\_\_\_\_\_ I understand it is recommended that my new pet be isolated until it has seen my veterinarian.

\_\_\_\_\_ I agree to call within **5 days** of adoption to make an appointment to take my new pet to the veterinarian.

\_\_\_\_\_ I understand that a pet needs to be seen by a veterinarian at least once a year for an annual physical, vaccinations, de-worming and flea/heartworm preventatives.

\_\_\_\_\_ In adopting this animal, I agree to keep my pet current in rabies vaccinations.

\_\_\_\_\_ If not already altered, I agree to have this pet spayed/neutered unless otherwise recommended by a veterinarian.

\_\_\_\_\_ I can afford and agree to provide food and routine veterinary care for this animal.

\_\_\_\_\_ I agree to keep my animal appropriately housed and restrained.

\_\_\_\_\_ I see this animal as a lifelong commitment and family member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HSSC Actions**

Today's Date \_\_\_\_\_ Hold Until: \_\_\_\_\_ HSSC ID Number \_\_\_\_\_

Landlord Contacted (date) \_\_\_\_\_  Approved  Denied

Adoption Decision (date) \_\_\_\_\_  Approved  Denied

If denied, reason for denial: \_\_\_\_\_

Adoption Date: \_\_\_\_\_ Adoption Fee: \_\_\_\_\_

HSSC Staff Signature: \_\_\_\_\_

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