

## **Humane Society of Schuyler County**

124 Marina Drive · PO Box 427 · Montour Falls · New York 14865
Tel. 607-594-2255 Fax 845-501-3211 info@schuylerhumane.org

## **Dog Adoption Application**

Instructions: You can fill this form out online using Adobe Reader or you can print it out and fill it out by hand. Once you have completed the form, you can send it to HSSC by email, fax, paper mail or hand delivery to our site (see contact information above). Please fill out this form as completely as you can. We will use the information in our discussions with you about your adoption.

Animal Information			
Dog's Name:	Application Date:Time:		
Sex (Male/Female):	Age (months):		
Description:			
Information About You (pleas	se 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 lo	ocation of employer		
How long have you worked fo	or this employer?		
What is your current position?	?		
Are you retired?	Yes	No	
Do you have any circumstances that v	would limit your ability to feed, exer	cise 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 Hor	me		Apart	ment	
Duplex	Rural			Villag	e	
City	Suburb			Other	:	_
Do you own or rent your living quarters?		_Own		_Rent		
How long have you lived at your current res	idence?					
Other arrangements:						
If you rent, landlord's name:			_Telephor	ne:		
The landlord will be contacted to determine property.	whether you	ı have	permissio.	n to bri	ing an animal or	<u>ito the</u>
Do you plan to move within the next six (6)	months _	Ye	es _	No		
If yes, what are your plans for your pet(s)?_						_
Traffic Patterns in your residential area:	Heavy _	Med	dium	_Light	Speed Limit _	Mph
Will this pet be kept indoors or outdoors?	Indoor	s <u> </u>	Outdo	oors	Both	
How will you keep this pet confined to your	property?					
Where will the pet be kept when you and/or	family mem	bers aı	re absent	from th	e home?	
Where will the pet be kept in the evening ho	ours?					
Number of people living in your home:	_ Adults _					
_	_ Children	Ag	es:			
How many hours is someone home:	_ Daytime			Eveni	ng	
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	t's care?		Self		Parents	
			Children		Other	_
Do all family members agree about this ado	ption?		Yes		No	

## **Dog Care Plans**

Why do you	wish to adopt a do	og from the	HSSC and for w	hat purpose?
Who is your	current veterinaria	an? Name, A	Address and pho	ne number
Who do you	ı plan to use as a v	reterinarian?	>	
What will yo	ou do with your dog	when you	go on vacation?	
What will yo	ou do with your dog	if you move	e?	
How much	do you expect to s	pend on do	g food, treats, da	aily care per month?
What type of	of regular veterinary	y care will ye	ou provide for yo	our dog?
How will you	u help your new pe	t adjust to a	new home envi	ronment?
How long do	o you think it will ta	ke for your	new pet to adjus	t to your household?
What kind a	and how much exer	cise will you	u be able to prov	ide for your dog?
What type o	of training do you p	lan to use to	make your new	pet feel comfortable in its new environment?
Do you plan	ı to take your dog t	o obedience	e training?	Yes No
If Yes, have	you identified a tra	ainer or prog	gram?	
Pet Hist	orv			
		ently own a	and whether or	not they are altered (spayed or neutered):
Name	Species	Sex	Altered?	
Name	Species	Sex	Altered?	
Name	Species	Sex	Altered?	
Name	Species	Sex	Altered?	
Name	Species	Sex	Altered?	
Please list	the pets you've h	ad in the pa	ast five years th	at you no longer have:
Name	Species	Sex	Altered?	What happened to them?
Name	Species	Sex	Altered?	What happened to them?
Name	Species	Sex	Altered?	What happened to them?
Name	Species	Sex	Altered?	What happened to them?
Name	Species	Sex	Altered?	What happened to them?

Client Copy

	_		
Adoption Agreeme	nt For:		ID number
Du aigmina thia da a ma	· -	s name)	
process. I understand the	at this document will be reta n given is true and understa	ained by the Humane	handling animals during the adoption Society of Schuyler County. I further or incomplete information may result
Please initial next to ea	ach statement and sign at	the bottom.	
	the Humane Society of Sch nent or any other fact about		C) makes no guarantees of the health,
	my pet may have an illness reterinary care should the ar		tely apparent, that the HSSC is not
	e is a risk that my current far reterinary care should they b		xposed to illness and the HSSC is not
I understand it is a	recommended that my new	pet be isolated until	it has seen my veterinarian.
I agree to call with veterinarian.	nin <b>5 days</b> of adoption to ma	ake an appointment	to take my new pet to the
	a pet needs to be seen by a -worming and flea/heartwork		t once a year for an annual physical,
In adopting this ar	nimal, I agree to keep my pe	et current in rabies v	accinations.
If not already alter veterinarian.	red, I agree to have this pet	spayed/neutered ur	nless otherwise recommended by a
I can afford and a	gree to provide food and ro	utine veterinary care	for this animal.
I agree to keep m	y animal appropriately hous	ed and restrained.	
I see this animal a	as a lifelong commitment an	d family member.	
	the adoption fee payment is y be refunded for pets returi		tion of HSSC, up to 50% of the thin 30 days of adoption.
Signa	ture		Date
Holding Animals fo	r Adoption		
			rs. If the adoption is not completed specific arrangements are agreed
the HSSC to contact the	Adoptions Coordinator to a	dvise which pet(s) th	ne time the application is received by ney have decided to adopt. If no le to the general public for adoption.
HSSC Approval	A to all to	-4	Adaptica Face
HSSC ID Number:	Adoption D	ate:	_Adoption Fee:
HSSC Staff Signature:			
Special Instructions:			

HSSC Copy

Adoption Agreement For:	ID number
(Dog's na	
By signing this document, I am accepting all of the risks process. I understand that this document will be retaine attest that the information given is true and understand in this application being denied.	ed by the Humane Society of Schuyler County. I furthe
Please initial next to each statement and sign at the	bottom.
I understand that the Humane Society of Schuyl habits, temperament or any other fact about the	ler County (HSSC) makes no guarantees of the healthe animal.
I understand that my pet may have an illness the responsible for veterinary care should the animal state.	at is not immediately apparent, that the HSSC is not all have illness.
I understand there is a risk that my current family responsible for veterinary care should they because	y pets could be exposed to illness and the HSSC is no ome ill.
I understand it is recommended that my new pet	be isolated until it has seen my veterinarian.
I agree to call within <b>5 days</b> of adoption to make veterinarian.	an appointment to take my new pet to the
I understand that a pet needs to be seen by a ve vaccinations, de-worming and flea/heartworm p	eterinarian at least once a year for an annual physical, preventatives.
In adopting this animal, I agree to keep my pet c	urrent in rabies vaccinations.
If not already altered, I agree to have this pet spatetinarian.	ayed/neutered unless otherwise recommended by a
I can afford and agree to provide food and routin	e veterinary care for this animal.
I agree to keep my animal appropriately housed	and restrained.
I see this animal as a lifelong commitment and fa	amily member.
I understand that the adoption fee payment is fin adoption fee may be refunded for pets returned	
Signature	Date
Holding Animals for Adoption	
Once an adoption application is approved the pet will be within 72 hours the pet will be considered available for a upon.	
A potential adopter choosing between multiple pets has the HSSC to contact the Adoptions Coordinator to advis contact is made within 48 hours, the pet companion(s) I	se which pet(s) they have decided to adopt. If no
HSSC Actions	
Application Received Date:Time:H	lold Until: HSSC ID Number
Landlord Contacted (date)	
Adoption Decision (date)	
If denied, reason for denial:	
Adoption Date:Adopt	ion Fee
HSSC Staff Signature:	