

Humane Society of Schuyler County

124 Marina Drive · Montour Falls · New York 14865

Tel. 607-210-2600 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 (please print)

Name:	Telephone:				
Address:					
City:					
e-mail (if available):					
Other contact information (alternative address, te	elephones e	tc.)			
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 Hon	ne	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:		Telephor	ne:	
The landlord will be contacted to determ property.	<u>ine whether you</u>	<u>ı have permissio</u>	n to bring an animal oi	<u>nto the</u>
Do you plan to move within the next six	(6) months	Yes	No	
If yes, what are your plans for your pet(s	s)?			
Traffic Patterns in your residential area:	Heavy	Medium	Light Speed Limit	Mph
Will this pet be kept indoors or outdoors	?Indoor	sOutdo	oorsBoth	
How will you keep this pet confined to y	our property?			
Where will the pet be kept when you an	d/or family meml	pers are absent	from the home?	
Where will the pet be kept in the evenin	g 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 pe	ets?	Yes	No	
How would you describe your household	d?	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 do	og from the	HSSC and for wh	nat purpose?
Who is your	current veterinaria	an? Name, A	Address and pho	ne number
Who do you	plan to use as a v	eterinarian?		
What will yo	u do with your dog	when you g	go on vacation?	
What will yo	u do with your dog	if you move	e?	
How much	do you expect to s	pend on do	g food, treats, da	ily care per month?
What type o	f regular veterinary	/ care will yo	ou provide for yo	ur dog?
How will you	ı help your new pe	t adjust to a	new home envir	onment?
How long do	o you think it will ta	ke for your i	new pet to adjust	to your household?
What kind a	nd how much exer	cise will you	ı be able to provi	de for your dog?
What type o	f training do you pl	an to use to	make your new	pet feel comfortable in its new environment?
Do you plan	to take your dog t	o obedience	e training?	YesNo
lf Yes, have	you identified a tra	ainer or prog	gram?	
Pet Hist		_		
				not they are altered (spayed or neutered):
	Species			
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?
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Name	Species	Sex	Altered?	What happened to them?

Adoption Agreement For: _____ ID number _____

(Dog's name)

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 Schuyler 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.

	derstand that the Humane Society of Schuyler County (HSSC) makes no guarantees of the health, bits, temperament or any other fact about the animal.
	derstand that my pet may have an illness that is not immediately apparent, that the HSSC is not ponsible for veterinary care should the animal have illness.
	derstand there is a risk that my current family pets could be exposed to illness and the HSSC is not ponsible for veterinary care should they become ill.
I unc	derstand it is recommended that my new pet be isolated until it has seen my veterinarian.
-	ee to call within 5 days of adoption to make an appointment to take my new pet to the erinarian.
	derstand that a pet needs to be seen by a veterinarian at least once a year for an annual physical, crinations, de-worming and flea/heartworm preventatives.
In ac	dopting this animal, I agree to keep my pet current in rabies vaccinations.
	t already altered, I agree to have this pet spayed/neutered unless otherwise recommended by a erinarian.
I can	afford and agree to provide food and routine veterinary care for this animal.
l agr	ee to keep my animal appropriately housed and restrained.
I see	e this animal as a lifelong commitment and family member.
	derstand that the adoption fee payment is final. At the discretion of HSSC, up to 50% of the option fee may be refunded for pets returned to the shelter within 30 days of adoption.

Signature

Date

Holding Animals for Adoption

Once an adoption application is approved the pet will be held for 72 hours. If the adoption is not completed within 72 hours the pet will be considered available for adoption unless specific arrangements are agreed upon.

A potential adopter choosing between multiple pets has 48 hours from the time the application is received by the HSSC to contact the Adoptions Coordinator to advise which pet(s) they have decided to adopt. If no contact is made within 48 hours, the pet companion(s) becomes available to the general public for adoption.

HSSC Approval			
HSSC ID Number:	Adoption Date:	Adoption Fee:	
HSSC Staff Signature:			
Special Instructions:			
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Adoption Agreement For: _____

ID number

(Dog's name)

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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.
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HSSC Actions

Application Received Date:	Time:	Hold Until:	_HSSC ID Number
Landlord Contacted (date)		Approved	Denied
Adoption Decision (date)		Approved	Denied
If denied, reason for denial:			
Adoption Date:	Ac	loption Fee	
HSSC Staff Signature:			