

ANIMAL WELFARE ASSOCIATION OF WARREN COUNTY (AWA)

CANINE ADOPTION APPLICATION

Date: _____

ID # _____

This information is requested to assist us in assuring appropriate placement of a specific animal and to help in the selection of a new pet that is compatible with your lifestyle.

ANIMAL WELFARE ASSOCIATION OF WARREN COUNTY (AWA) RESERVES THE RIGHT TO REFUSE ADOPTION IF THE SITUATION IS NOT IN THE BEST INTEREST OF THE ANIMAL.

In order to be considered as an adopter today:

- ❖ Be 21 years of age or older
- ❖ Have identification showing your current address
- ❖ Have the written consent of your landlord if you are renting
- ❖ Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care.

PLEASE CHECK THE FOLLOWING:

I would like to adopt: puppy dog

Reason for adopting: watchdog companion breeding hunting family pet
guard dog for business companion for other pet child's pet gift

Other (specify) _____

PERSONAL INFORMATION

Name: _____

Address: _____
Street City ST Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Work Phone: _____

Occupation: _____ Normal working hours _____

Spouse's occupation _____ Work phone # _____

Number of adults: _____ Do they all know you plan to adopt? Yes No

Number of children: _____ Their ages: _____ Any allergies? _____

Please tell us how you heard about us/this animal: Internet _____ Pet Store _____

Newspaper _____ Other (please specify) _____

HOME INFORMATION

How long have you lived at your current residence? _____

Do you own rent? If renting, does your lease allow pets? Yes No

What is your landlord's name? _____ Landlord's phone # _____

Type of dwelling? Single-family Farm Apartment Duplex Condo Mobile Home

If mobile home do you own the property or live in a mobile home park? _____

Do you have a fenced yard? Yes No Type and height of fence? _____

Do you anticipate any near-future lifestyle changes such as change of residence marriage

new baby? _____

Please complete other side

CURRENT PETS

<u>Pet Type</u>		<u>Spayed/Neutered</u>		<u>Kept Where?</u>		<u>Age</u>
Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In <input type="checkbox"/>	Out <input type="checkbox"/>	_____
Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In <input type="checkbox"/>	Out <input type="checkbox"/>	_____
Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In <input type="checkbox"/>	Out <input type="checkbox"/>	_____
Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In <input type="checkbox"/>	Out <input type="checkbox"/>	_____

PREVIOUS PETS

How many pets have you owned in the last 5 years? *(do not include any listed above)*

	<u>Time Owned</u>	<u>What happened to the pet?</u>
Dogs _____	_____	_____
Cats _____	_____	_____
Other _____	_____	_____

Who is/was your veterinarian? _____
Name Phone number

PET CARE INFORMATION

Who will be responsible for the pet's care? Adopter Spouse Children

Will dog be: inside dog outside dog What type of outside shelter? _____

How will dog be confined if left alone? Inside Outside

If inside, in a crate basement room run of the house

How will dog be confined when outdoors? fenced yard tethered - what type: Overhead cable ground stake dog house other (describe) _____

 Our adoption fee includes: spay/neuter, immunizations (appropriate for age), heartworm testing (if age appropriate), fecal check (and treatment, if necessary as prescribed by our veterinarian), flea/tick control treatment and micro-chipping.

Are you aware of and prepared to provide the medical needs of this pet such as yearly immunizations, flea protection and regular grooming (may be up to \$500/year)? _____

I understand that the A.W.A. will make a follow-up call and/or visit within 30 days after the adoption date regarding the health and care of this animal, and I will cooperate with the A.W.A. Rep. _____

Do you have any questions or concerns that we have not addressed? _____

Signature _____ Date _____

AWA Agent: _____ Recommends Approval: Yes No

COMMENTS: _____

"a good man is concerned for the welfare of his animals..."Pr12:10LB