

# Pre-Adoption Application (Dogs)



Thank you for your interest in adopting from Valley Animal Haven! Please complete this Pre-Adoption Application if you are interested in moving forward with adopting a Dog from our facility. Once this application has been submitted, our Adoptions Team will review your application for eligibility and contact you once a decision on your application has been made.

## I. Personal Information

Name of Dog		Date of Application
Adopter Name:		Co-Adopter Name (If Applicable)
Address:		City, State, Zip Code:
Phone Number:	E-Mail Address:	

## II. Living Arrangements

How long have been at this address?	Do you live in a home or apartment? <input type="checkbox"/> Home <input type="checkbox"/> Apartment
Do you rent or own your property? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Name of Landlord / Property Manager:
Address of Landlord / Property Manager:	Landlord / Property Manager Contact Information:
Valley Animal Haven may require an appointment for an inspection of your home & yard prior to an adoption. Do you consent to a home inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where will you keep the dog primarily? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
	If you move, will you take the dog with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you provide the necessary training (obedience, housetraining, etc.) that this dog will need to be a positive member of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## III. Employment Information

Name of Employer:	Employer's Phone Number:
Other Sources of Income (Select all that may apply) <input type="checkbox"/> AFDC (Aid to Families with Dependent Children) <input type="checkbox"/> Unemployment <input type="checkbox"/> Alimony or Child Support <input type="checkbox"/> Other (Please Explain): _____ <input type="checkbox"/> Disability Income	

## III. Pre-Screening Questionnaire

Is this Dog for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, for whom is this pet for?
Have you ever had a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?
Do you still have this pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what species and how many? If no, why not?

Do all members of your household agree to add a pet to your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who and why not?
Have you ever surrendered a pet to an animal control agency, shelter or rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and why?
Are all pets in your household altered? (Spayed / Neutered) <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Do you have any known allergies to dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you suffer from asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Are you a frequent traveler? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are their ages?
Children may be scratched or bitten by a pet (especially a playful puppy). If you or a child does receive a scratch or bite, will this be a reason to return the animal to VAH? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would normal wear and tear on household items be a reason to return this animal to the shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### IV. Lifelong Care for your Animal

Current Veterinarian:	Veterinarian Contact:
Are you financially able and willing to give the dog any medical care it may require? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The lifespan of an animal may be up to 15 years. Are you prepared to care for this dog for the duration of its natural life? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have someone who can care for this animal if you are unable to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Person:	Address:
Contact Number:	

#### V. Identification Verification (Please attach a copy of your Driver's License or State Identification Card)

Driver's License or State ID Number:	State of Issuance:
Date of Birth:	Expiration Date:
How did you hear about us? <input type="checkbox"/> VAH Website <input type="checkbox"/> Veterinarian's Office <input type="checkbox"/> Other: _____ <input type="checkbox"/> Facebook <input type="checkbox"/> PetFinder <input type="checkbox"/> Family or Friend <input type="checkbox"/> Adopt-a-Pet	

#### VII. Military Status

Are you or your partner currently serving in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your military status? <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard
What Branch of Service are currently serving in? <input type="checkbox"/> United States Army <input type="checkbox"/> United States Marine Corps <input type="checkbox"/> United States Navy <input type="checkbox"/> United States Air Force	
Name of Unit or Command of Assignment:	Rank & Name of Supervisor

Duty Contact Number:	When does your Enlistment End?
If you have less than 1 year remaining on your current enlistment, what is your plan at the end of this enlistment? (i.e. PCS, Re-enlist, remain in the local area, leave the local area, etc.)	

**VIII. Review & Verification**

Thank you for your interest in adopting from Valley Animal Haven. Please take the time to review your application for completeness and accuracy. Once your application is completed, please submit the form to our Adoptions Team for review.

Please read the following terms below:

The Adopter hereby understands and agrees that any and all fees charged for the adoption of this animal are NON-REFUNDABLE. The adopter also understands and agrees that adoption of this animal is a commitment for the lifetime of the animal.

The Adopter hereby understands that this animal may be returned to Valley Animal Haven within seven (7) days of adoption ONLY if it is determined that the animal has an illness or injury that will greatly affect its overall quality of life. Documentation must be provided by a licensed veterinarian specifically outlining the illness and the animal's prognosis. Should this happen, the adopter may be allowed to select a different animal.

After the initial seven (7) day period has expired, the Adopter may return the animal to Valley Animal Haven only upon approval of the Executive Director, or the Manager of Kennel Operations. A surrender fee will be required at the time of surrender.

If you are submitting this form electronically, by signing this form the adopter and co-adopter agrees and understands that by submitting an electronic signature, the adopter is providing an electronic mark, which is the legally binding equivalent of a handwritten signature. Whenever a signature is executed, the adopter and co-adopter understands that it has the same validity and meaning as a handwritten signature. The adopter or co-adopter will not, at any time in the future, repudiate the meaning of their electronic signature or claim that their electronic signature is not legally binding.

Adopter Signature:	Date of Signature:
Co-Adopter Signature:	Date of Signature:

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**Adoptions Team Use Only**

Home Inspection Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and time:
Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Staff Reviewing Application:
Reason for Rejection:	

