

COMPANION ANIMAL PLACEMENT PROGRAM

PET ADOPTION APPLICATION

Ack.

Pet ownership is a long-term commitment that an entire household should discuss and agree to before bringing a pet home. The questionnaire helps you determine what type of pet you are looking for and whether you are ready to properly care for one and helps us match the best pet to your lifestyle. Please fill it out completely and accurately.

You must be at least 18 y.o. to fill this out; are you? _____ Where did you hear about us? _____ Volunteer you spoke with, if any: _____

Please list other animal shelters/rescue groups to which you have applied: _____

What type pet are you considering adopting? Dog _____; Cat _____; Other (describe) _____

Why do you want to adopt a pet? Hunting _____; Companionship _____; Gift _____; Breeding _____; Protection _____

Where would the pet be primarily housed? Outside _____; Inside _____. Where would the pet sleep? _____

Where would the pet be when no one is at home? Loose outside _____; Kennel run/fenced area outside _____; Loose inside _____;

Crated or otherwise confined inside _____; Tied/chained outside _____; Other (describe) _____

How would you exercise the pet? (Check all that apply) UNfenced area _____; on leash _____; fenced area _____; (explain) _____

If there is a particular CAPP pet you're interested in, indicate name/species _____ If you're not interested in a particular pet, or if this pet isn't available, please note your preferences below.

Purebred, mix breed or no preference (NP)? _____ Breed(s) of interest to you: _____

Male, female or either? _____ Age range: _____ **Long; medium; short hair; or no preference (NP)?** _____

Would you consider: Special needs pet? _____ Senior (8+ yrs.) pet? _____ Multiple pets? _____

For dogs, **Mini**-up to 10lbs; **small**:10-30lbs; **med**.:30-45lbs; **large**:50-75lbs; **giant**:75+ lbs; or **no preference (NP)**? _____

-- Pets can be expensive to own (average annual cost: \$840 dogs; \$550 cats). Are you willing and able to provide adequate food, shelter, and medical care (yearly checkups and vaccinations) for a pet=s lifetime **which averages 10 years**? _____

Applicant=s Full Name: _____ Full Name(s) of Other Adult(s) at Residence: _____

Street Address: _____ City/State/Zip Code: _____

Telephone: Home:(_____) _____ Work:(_____) _____ E-mail Address: _____

(Note if either is a cell telephone)

(Please print clearly)

Number of children living in your house: _____ Ages of these children: _____ Do they live with you full time? _____ Note the type of pet(s) any of them have shown fear of: _____

Do other children visit? _____ If yes, what are their ages? _____ How often do they visit? _____

Does anyone in your household have allergies to animals? _____ If yes, to what kinds of animals? _____

Does your entire household know that you are considering adopting a pet? _____ If no, why not? _____

Do you live in a: house _____; apartment _____; mobile home _____; other _____ Is there a leash law in your town? _____

Do you own? _____ **If you rent a dwelling/trailer lot/etc. you MUST have proof that you can have pets on the premises**

If renting, landlord=s name and telephone number: _____

THE NEXT FOUR ITEMS ON THIS PAGE ARE ONLY FOR THOSE APPLYING TO ADOPT A DOG:

1) Do you have a: Traditional fence _____; Invisible fence _____; Kennel run _____; Trolley run _____; Other (describe) _____ No outside confined area _____

If traditional fence/kennel run: Fence material: _____ Fence height: _____ ft. Approx. size of fenced area: _____ ft. x _____ ft.

Is fenced area securely enclosed on all four sides? _____ No. of gates: _____ Do they all have secure latches/locks? _____

2) Do you use lawn chemicals? _____ If yes, what kind? _____ How often are they applied? _____

3) Do you have a pool? _____ If yes, is it above- or in-ground? _____ **Is the pool separately fenced?** _____

4) How long would the dog be left outside **without** supervision? _____ hours When left out alone for this period, what shelter is available? _____

Shade trees ____; Doghouse ____; Covered area (porch,etc.)____; Shed ____; Other (describe)_____ (**OVER**)

What problems/situations would make you **return** a pet? Excessive barking/meowing ____; **FILL OUT BOTH SIDES**

housebreaking ____; jumping up ____; shyness/other fears ____; shedding ____; digging ____; pet=s activity level ____;
scratching/climbing on furniture ____; moving ____; new baby ____; personal illness ____; divorce ____; chewing ____;
cost of pet=s care ____; other (describe) _____; or none that I know of ____

To help resolve some problems, are you willing to: 1) use a crate (ask for brochure) _____ or 2) go to obedience class? _____

Describe your home=s activity level: **Busy** active/noisy ____; **moderate** comings/goings ____; or **quiet**, occasional guests ____

Do you feel that a pet should be spayed/neutered? ____ If no, why not? _____

Approximately how many hours would the animal be left alone: 1) On weekdays? _____ 2) On weekends? _____

How would you discipline a pet that chewed your personal belongings or clawed your furniture? _____

Please list pets you **currently** own (**don=t list fish/rodents/reptiles**) and answer yes/no or provide information as requested:

Pet=s name/Species & Predominant Breed(s)	Time Owned	Age	Male/ Female	Spayed/ Neutered	Vaccinated /Licensed	If cat,	If dog, what	If dog, debarked,	Does pet
						is it declawed?	kind of heart- worm prevent.?	tail docked or ears cropped?	get along w/ other pets?

Who is/will be responsible for daily pet care? _____ Caregiver when that person(s) is away? _____

If you adopt an pet from us, will you (yes or no): Declaw? ____ Dock tail? ____ Crop ears? ____ Debark? ____

REFERENCE 1: Personal: Name, telephone number required: _____
(**NOT a relative or someone who lives with you**) Address: _____

REFERENCE 2: Veterinarian: Name, telephone number required: _____

____ **My initials hereby authorize CAPP to contact my references and to obtain my pet(s)'s veterinary care history.**

List pets you **previously** owned (**don=t list fish/rodents/reptiles**) in the past five years and please describe what happened to them:

Individuals who adopt a CAPP pet are contacted periodically for an update to help insure that the pet is adjusting well and help resolve problems. NOTE: CAPP reserves the right to conduct home visits before and after adoption.

Please list several preferences for a home visit: Days of week: _____ **Times:** _____

What time would be best to call to see how the animal is adjusting? _____ **Do you have an ans. machine?** ____

To help locate a pet for you, do you permit us to share your application with other pet rescue groups? _____

If an adopter cannot keep the pet for its lifetime, the adopter MUST return the pet to CAPP under the conditions specified in the Animal Adoption Contract. If the pet is not yet spayed or neutered, an approved adopter may only foster the pet until the procedure is done by a veterinarian chosen by CAPP (per the Unaltered Foster Care Agreement) after which the pet may be adopted, at CAPP=s discretion. Each pet adoption is assessed a non-refundable fee which helps pay for CAPP=s medical and other expenses.

By signing below I acknowledge that I have completely read this Questionnaire, comprehend it fully, know that applying does not insure approval and that my answers will be taken at face value. I also understand that CAPP reserves the right to disapprove any applicant for any reason and that untruthful answers or failure to comply with the requirements of this Questionnaire, the Foster Agreement, or the Adoption Contract can result in the forfeiture of any CAPP pet which may be fostered and/or adopted by me.

Signature: _____ **Date:** _____ **Reviewed by CAPP**
Reps: ____ & ____

CAPP will acknowledge receipt of your application as soon as possible

Please return this form to a CAPP volunteer or mail it to: **CAPP, #279 Troy Rd., Suite 9, Rensselaer, NY 12144**