



Vanderburgh Humane Society

This animal application is for: _____

Dog Adoption Application

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At the VHS it is our goal to help you find a pet that will fit into your household. Please assist us by filling out this form:

- 1) **Name:** _____ **Date:** _____ / _____ / _____
mm dd yy
- 2) **Address:** _____
- 3) **City:** _____ **State:** _____ **Zip:** _____
- 4) **Phone (home):** _____ **Phone (work):** _____
- 5) **E-mail Address:** _____
- 6) **How Long have you lived at your current address?** _____ years _____ months
- 7) **Previous Address:** _____
- 8) **What type of housing do you live in?** _____
- 9) **Do you rent or own?** rent own **If renting, landlord's name & phone:** _____
- 10) **Are you 18 years of age or older?** yes no **Do you live with your parents?** yes no
- 11) **If under 18, Name of Parent or Guardian:** _____ **Phone:** _____
- 12) **What is the makeup of your household?** _____ adults _____ children (if 1 or more see item 13)
- 13) **Ages of Children if applicable:** _____
- 14) **Are any members of your household allergic to pets?** yes no **If yes, describe the type of allergy and treatment:** _____
- 15) **Have you ever surrendered an animal to the VHS** yes no **If yes, describe the situation:** _____

- 16) **Have you ever adopted from the VHS?** yes no **If yes, describe the animal(s) that you adopted and where they are now:** _____

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17) Who will be this pet's primary caregiver? _____

18) Is this person present today? yes no If no, why? _____

19) How many hours per day will this pet spend alone? _____

20) Will this be your first pet? yes (skip to 26) no If no, what types of pets have you had? _____

21) What happened to your previous pets? _____

22) What pets do you currently own? Please list the breed, name, and sex of each pet: _____

23) Are these animals neutered? yes no If no, why? _____

24) Are these pets current on vet visits and vaccinations? yes no If no, why? _____

25) Which vet clinic do you use? _____

26) Where will this pet spend most of its time? _____

27) Will your pet be kept inside? outside? inside/outside?

28) Is your yard completely fenced? yes no If yes, describe the fence _____

29) Will you chain this dog when it is outside? yes no If yes, why and for how long? _____

30) Are you willing to crate train this dog? yes no

31) Are you prepared to keep this dog if it becomes larger than you expect? yes no

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32) What will happen to this pet if you are forced to move? _____

33) Are you or your spouse employed? yes no If yes, please provide the name, address and phone number of your employer: _____

34) If not employed, what is your source of income? _____

35) Please provide the names, addresses and phone numbers of two family members or friends:

_____	_____
_____	_____
_____	_____

All of the information I have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying information on this application, or at any time during the adoption process, may disqualify me for adoption

Signature of adoptee (or Parent/Guardian if adoptee is under 18)

Date

Please read and initial the following statements:

_____ I agree to follow all local and state ordinances pertaining to this pet.

_____ I agree to return this dog to the VHS if I am unable to keep it.

_____ I agree to provide ID tags for this pet at all times.

_____ I agree to notify the VHS for assistance if this pet is lost or stolen

_____ I understand that the VHS adopts, not sells, pets. Therefore, just as with a child we feel that this is a serious life-long commitment. Pets adopted from the VHS are adopted for the life of the pet.

_____ I agree to take my pet to the vet to discuss necessary vaccinations, preventative treatments and a physical exam.

_____ I understand that if over one year of age, this dog has been tested for heartworms. This does not mean that your pet is protected from this disease. Heartworms are spread by mosquitoes. Please see your vet about preventative measures. Your veterinarian may require another heartworm test before prescribing prevention.

_____ I understand that if adopting a puppy that is not fully vaccinated, my puppy is at risk of contracting diseases carried by other animals. Please do not allow your puppy to be exposed to other animals or their yards, until fully vaccinated.

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VHS Adoption Guarantee

It is always important to the VHS to ensure that our animals find permanent homes. We encourage adopters to spend as much time with the animal as possible before taking them home. Adopters are welcome to bring children or pets to determine compatibility. Our adoption counselors are trained to help you find the best match.

The adoption fees charged at the VHS (\$95/75/35), represent only a portion of the cost associated with the care of these animals. If at any time during the next 7 days there is a problem with your new pet, you may return the pet for a refund of \$40 of your adoption fee or possibly an exchange. Your refund will be mailed. There will be no refunds on adoptions \$35.00 or less.

If you are returning an animal within seven days for a health reason, you must have a letter from your veterinarian stating the problem and may be entitled to a full refund.

Signature of adoptee (or Parent/Guardian if adoptee is under 18)

Date

Maxine's Fund

The Vanderburgh Humane Society has set up a fund to help sick or injured animals that are surrendered to our shelter. The fund is called "Maxine's Fund". The fund was named after a dog that was surrendered to the shelter in very poor health. Maxine was emaciated and had heartworms. She was also a mother to many puppies. Through the generous donations of caring people like you, the VHS was able to treat Maxine's illness and she found a wonderful home. Please consider making a \$5.00 donation today to help other animals receive medical care.

Yes, I would like to make a donation!

No, I will not be able to make a donation at this time.

Please provide your driver's license to the adoption counselor. We must have proof of your current address.

For Office Use Only

Inform No.: _____

Receipt No.: _____

Name: _____

App. approved by: _____

Breed: _____

App. pending: _____

Color: _____

Address verified: _____

Age: _____

Pick up date: _____

Sex: _____

Medical waiver: _____

Voucher No.: _____

Meds Sent: _____