

VERNON TOWNSHIP ANIMAL SHELTER—DOG ADOPTION APPLICATION

Name of Dog(s) Interested in: _____
Date: _____

Your Full Name include Spouses/Partner's Name:

Street Address/CITY/STATE/ZIP:

How long at this address? _____

Home Phone: _____ Cell Phone: _____

Name and Address of Employer:

Work Phone Number: _____

Up until what time of night can we contact you via phone? _____

E-mail Address: _____

How were you referred to the Vernon Township Animal Shelter? _____
Are you planning on moving within the next 6 months? _____

Yes No

If yes, what are your plans for your pets if you move?

Are you 25 years of age or older?

Yes No

Do you own your own home?

Yes No

If no, name and phone # of landlord:

Type of Dwelling: _____

How many total hours will your new pet be left alone during the day _____

Do you plan to use a crate?

Yes No

If so, how many hours will your new pet (if adopting a dog) be in the crate? _____

If no crate, where will your dog stay during the day?

Name and age of ALL occupants in household (including yourself):

If no children under 18 in the home, do you plan on having children or will children be visiting the household frequently?

Yes No

Are any members of your household allergic to animals?

Yes No

If yes, please describe:

Who will have chief responsibility for the care of your new pet? _____

Over the past 5 years, how many pets have you owned? (Include current pets) _____

List each individually including breed, age, still living with you? (if not, why?) _____

Have you ever lost or given away a pet?

Yes No

If yes, please explain: _____

Have you and your spouse or Partner (if applicable) ever owned a dog together? *

Yes No N/A

If yes, when? _____

If you currently own a dog, how does he/she react to new dogs? Any behavioral issues?
(Circle which applies)

Are your present pets up-to-date on their annual vaccines?

Yes No N/A

If no, please explain: _____

Are your present pets spayed or neutered?

Yes No N/A

If no, please explain: _____

Were your previous pets spayed or neutered?

Yes No N/A

If no, please explain: _____

Were your previous pets registered with your town?

Yes No N/A

If no, please explain: _____

How much are you financially prepared to spend for routine/emergency medical care, licensing, etc:
(Per year)

What plans do you have for your new pet when you are on vacation?

How do you plan on exercising your dog?

Age of dog you would consider adopting: (check all that apply)

2-12 months 1-5 years Senior Special Needs

Energy Level of dog you would consider adopting: (check all that apply)

Low Moderate Active

Size of dog you would consider adopting: (check all that apply)

Under 20lbs 20 - 50lbs 50 - 100lbs Over 100lbs

Sex of dog you would consider adopting:

Male Female Either

If considering a puppy, are you prepared to deal with and have you thought about the following issues: Housetraining, Chewing, Barking, Crying at night, High energy level, Nipping, Socializing, Training (we strongly suggest basic puppy classes for all puppies we adopt out)

Yes No N/A

Who is your current or most recent veterinarian? Please provide their NAME and PHONE NUMBER: PLEASE MAKE SURE YOU CALL YOUR VET TO GIVE PERMISSION TO RELEASE INFORMATION AS MANY WILL NOT GIVE US A REFERENCE W/OUT YOUR CALL, AND WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.

Can/Will you provide your dog/cat with monthly flea/tick prevention?

Yes No

Can/Will you provide your dog with monthly heartworm prevention?

Yes No

Are you prepared to and financially able to provide your dog with an annual veterinary exam, annual vaccinations, and any necessary veterinary care as needed?

Yes No

What brand of dog/cat food do you plan on feeding your new pet?

How would you deal with any behavioral issues that may come up? (What is your style/method of training?)

What type of behavioral issues are you NOT willing to work with? (Check all that apply)

Housetraining Nipping Food Aggression Shy/Scared Dogs Destructive Behavior

Chewing Digging Chasing Cars/Bikes Excessive Barking Growling at strangers in the home Other

If you listed other, please explain:

At what point would you be willing to take your dog to a professional trainer? (Your vet is NOT a trainer)

Is your entire immediate family in agreement with the decision to bring a new pet into your home?

Yes No

If anyone is NOT, please explain:

Are you prepared to commit to a pet for 10-15 years (average life span)?

Yes No

Are you willing to allow Vernon Township Animal Shelter Staff make future visits to your home?

Yes No

Have you or any member of your household ever been charged with cruelty to animals or negligence in animal care?

Yes No

If yes, please describe:

Have you ever adopted or tried to adopt a pet before? If yes, fill out info below.

Yes No

Rescue Shelter Name & Location:

Why are you choosing to adopt vs. buying from a pet store or breeder?

Where will your pet spend most of his/her time?

If your dog will spend time outside unsupervised, describe any shelter available:

Do you have a fenced in yard? If so, please describe:

If no fence, would you be willing to install some type of fence for the security of the dog if necessary?

Yes No

Where will your dog eat?

Where will your dog sleep?

Please provide 3 personal references (only 1 can be a relative) that can testify to your responsibility and ability to care for your animals. **Name & Phone number and email address:**

1.

2.

3.

If there is anything else you think we should know, please note it here:

All adoption fees are non-refundable.