



# VERNON TOWNSHIP

## SHELTER -DOG ADOPTION APPLICATION

<b><u>Office Use Only</u></b>	
<b><u>Control #</u></b> _____	
ACO Reviewed _____	
ACO Approved _____	Denied _____
Supervisor _____	
Approved _____	Denied _____
DATE _____	

<b>Date:</b>		<b>APPLICANTS INFORMATION</b> <i>(please print clearly and answer all questions)</i>	
Applicants Full Name		Age	
Co-Applicants Full Name		Relationship to Applicant	
Street Address, City, State			
Home Phone	Cell Phone	Email	
<b>CANINE INFORMATION</b>			
Name of dog you are applying for?		Breed	
Why do you want to adopt a Dog? <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Gift <input type="checkbox"/> Other			
If Gift, Protection or Other please explain.			
What are you looking for in a dog:			
Age: <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> 1 – 6 Years <input type="checkbox"/> 7 Years +		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
Coat: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference		Color Preference:	
Personality: <input type="checkbox"/> Playful <input type="checkbox"/> Calm <input type="checkbox"/> Shy <input type="checkbox"/> Affectionate <input type="checkbox"/> Likes Dogs <input type="checkbox"/> Likes Cats <input type="checkbox"/> Likes Kids			
Health Preference? <input type="checkbox"/> Healthy Only <input type="checkbox"/> Short Term Problems <input type="checkbox"/> Special Needs <input type="checkbox"/> No Preference			
Where will the dog live / sleep? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Inside and Outside <i>Please explain below</i>			
Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's living environment may cause the dog to have accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are applying for a puppy or dog that is not housetrained, how will you houstrain?			
If behavioral issues should arise, what actions will you take?			
How will you exercise the new dog?			
How many hours will the dog be left alone:   Daytime?		Evening?	
When no one is home or during traveling where will the dog stay?			
If you have to move what will you do with your new dog?			
Have you ever been cited for any dog related ordinances or any other animal related offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you agree the dog will NOT be used for fighting, breeding, illegal activities or be found at any time in a location where is presence is illegal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have all household members met and agreed on a new Dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What reasons do you feel are valid for giving up a pet? Check all that apply.			
<input type="checkbox"/> Fleas <input type="checkbox"/> Shedding <input type="checkbox"/> Expenses <input type="checkbox"/> Noisy <input type="checkbox"/> Chewing/Clawing <input type="checkbox"/> Destructive <input type="checkbox"/> Bites <input type="checkbox"/> New Baby <input type="checkbox"/> Moving <input type="checkbox"/> Marriage or Divorce <input type="checkbox"/> Doesn't Listen <input type="checkbox"/> Pets Medical Condition <input type="checkbox"/> No Time <input type="checkbox"/> Would not Consider <input type="checkbox"/> Other <i>(please explain)</i> _____			

**PET AND VETERINARY HISTORY**

**Have you ever had to give up ownership of a pet?**  Yes  No

**If Yes, please explain** \_\_\_\_\_

**Do you currently have any pets?**  Yes  No **If Yes, Please complete the information below.**

	Pet 1	Pet 2	Pet 3
<b>Pet's Name</b>			
<b>Type of Pet / Breed</b>			
<b>Sex / Age</b>			
<b>Spayed or Neutered</b>			
<b>Up to Date with Rabies</b>			
<b>Up to Date with other Vaccines</b>			
<b>Indoor or Outdoor</b>			

**Current Veterinarian's Name and Telephone number?**

**Name of person on file with the Vet?**

**Name of Veterinarian you will use for your new pet?**

**Contact info for Veterinarian you will use for your new pet?**

**HOUSEHOLD INFORMATION**

**Is your residence:**  House  Condo  Apartment  Other (*explain*) \_\_\_\_\_

**If you live in a Condo or Rent – Does the Association or Landlord have Breed or Size Restrictions?**  Yes  No  Not Sure

**If yes, please explain**  
\_\_\_\_\_

**Do you:**  Own  Rent  Live w/Parents  Live w/Friends  Other (*explain*)

**If you live with Parents, Friends or Rent – Do you have permission to have a Dog?**  Yes  No

**If you Rent, please provide Name & Telephone number of Landlord.**

**Landlord Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**How long at current residence?**

**Is your Yard Fenced in?**  Yes  No **If Yes, type and height?**

**Any Holes or Gaps in the Fence?**  Yes  No

**Do you have Tie-Outs?**  Yes  No **Do you have Overhead Runs?**  Yes  No

**Number of Adults in household?**

**Number of Children in household?**

**Please list all members living in household**

Name	Age	Name	Age

**REFERENCES**

*Please Provide two (2) references that are NOT family members.*

	<b>Reference #1</b>	<b>Reference #2</b>
<b>Name</b>		
<b>Age</b>		
<b>Phone</b>		
<b>Email Address</b>		

**AGREEMENT AND SIGNATURE**

*By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, Vernon Township reserves the right to annul the adoption and reclaim the animal. While Vernon Township makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to us or our veterinarian. I hereby authorize the Vernon Township to receive information from Veterinarians and others listed on this application.*

<b>Signature:</b>	<b>Date:</b>
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# INTERNAL USE ONLY

<b>Date Application Received:</b>	
<b>Control #:</b>	
<b>Name of Dog:</b>	
<b>Received By:</b>	
<b>Rabies Administered/Date</b>	
<b>Neutered/Spayed Date</b>	
<b>Microchip #:</b>	
<b>Assessor/Landlord Verified?</b>	
<b>Spoke to Reference #1</b>	
<b>Spoke to Reference #2</b>	
<b>Spoke to Veterinarian (Name/Date)</b>	
<b>Adoption Agreement Signed:</b>	
<b>Approved By/Date:</b>	
<b>Denied By/Date:</b>	
<b>Reason For Denial : (Explain below)</b>	
<b>Date Adopted:</b>	
<b>Medical Records Given:</b>	
<b>Adoption fee amount/Date:</b>	

**Notes:**

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