



# DOG ADOPTION APPLICATION

Completion of this application does not guarantee placement of an animal with the applicant. CVHS animals are assessed for placement with the home that best fits the animal's needs.

NAME (First, Middle, Last): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS (Physical): \_\_\_\_\_ STATE: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

MAILING ADDRESS (If different): \_\_\_\_\_

SPOUSE/PARTNER(S) NAME: \_\_\_\_\_

## MY CURRENT LIVING ARRANGEMENTS ARE:

- \_\_\_\_\_ I own my own home: House, Condo, Duplex, Mobile/land, Mobile in Park
- \_\_\_\_\_ Live with home owner: Do they know you are getting a pet? Yes \_\_\_ No \_\_\_
- \_\_\_\_\_ Rent: Apartment, House, Condo, Duplex, Mobile Home, Dorm
- \_\_\_\_\_ Name of Landlord and Phone #: \_\_\_\_\_

PLEASE LIST ALL THE PETS YOU CURRENTLY OWN OR HAVE OWNED IN THE LAST FIVE YEARS:

NAME	BREED/TYPE	AGE	SEX	SPAYED/ NEUTERED	STILL OWN	KEPT WHERE	IF NO, WHAT HAPPENED TO THIS PET

Name of your current or previous Veterinarian or Clinic: \_\_\_\_\_

Why would you like to adopt this dog? \_\_\_\_\_ Who are you adopting for? \_\_\_\_\_

U.S. Military Status: Active \_\_\_ Discharged \_\_\_ Retired \_\_\_

Does anyone in your family have allergies to animals? \_\_\_\_\_

Have you ever brought an animal(s) to an animal shelter: Yes \_\_\_ No \_\_\_ Why? \_\_\_\_\_

How many children are in the home? \_\_\_\_\_ Their ages? \_\_\_\_\_

I am 21 years of age. I certify that the information given is true. I authorize CVHS to contact veterinarian(s) and landlord(s) to investigate all statements in this application and to do follow-up property checks. I have read and understand the CVHS Adoption process:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow up by CVHS only:

<b>CVHS USE ONLY:</b>
Date: _____ ID: _____
Adoption Counselor: _____
Landlord Approval: _____
Vet Records Check: _____
Approved Date: _____
DNP: Not on DNP ___ on DNP ___