



# DOG ADOPTION APPLICATION



Date: \_\_\_\_\_ Animal that you are interested in? \_\_\_\_\_

Name: \_\_\_\_\_

Address (include City and State) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List all Pets you currently have in your home.

<i>Dog or Cat</i>	<i>Breed</i>	<i>Pets Name</i>	<i>Age</i>	<i>Male/ Female</i>	<i>Spayed/ Neutered</i>	<i>Comments</i>

Please check the box that best describes your home.

- House with fence
- House with outside Kennel
- Apartment without yard
- Mobile home/Condo with unfenced yard
- Other (please explain) \_\_\_\_\_
- House with unfenced yard
- Mobile home/Condo with fenced yard
- Farm with livestock

If you rent, Please provide the name and phone number of the property owner or manager.  
\_\_\_\_\_

Please explain why you want a dog. \_\_\_\_\_

How will you discipline the dog for undesired behaviors? \_\_\_\_\_

**Please list your most recent Veterinary Clinic. We will contact your Veterinary Clinic.**

Name of Clinic(s) and Phone number:  
\_\_\_\_\_

What name is your account listed under at the Veterinary Clinic? \_\_\_\_\_

Washington County Animal Shelter –DOG ADOPTION APPLICATION

**Discount information.....**

Are you currently employed by Washington County?    Circle one                      Yes      No

Are you over the age of 62?    Circle one                      Yes      No

Are you Active Military/Veteran                                      Circle one                      Yes      No

**Applicants must be 21 years of age or older to adopt. I have filled this application out honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand that the Washington County Animal Shelter (WCAS), reserves the right to annul the adoption and reclaim the animal. I give the WCAS permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home visit by a WCAS representative before and after an approved adoption. All information contained within this application is subject to the Freedom of Information Act and will be given upon request.**

**In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is the WCAS to decide which home is most appropriate and that their decision is final. I am free to apply and undergo the application process in the future.**

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