



Hi-Tor Animal Care Center
65 Firemen's Memorial Dr.
Pomona, NY 10970
(845) 354-7900 Fax: (845) 354-6308

Dog Adoption Application

In order to be considered for an adoption you must: 1) be 21 years of age 2) have the knowledge and consent of all adults living in your household 3) have a valid ID with current address 4) understand that completing this application does not guarantee adoption and that the Hi-Tor Animal Care Center must approve your application.

Name _____ Date ____/____/____

Address _____ Apt. _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

If we may use e-mail to contact you, please include an address _____

How did you learn about this dog? Website _____ Facebook _____ Boulders Game _____ Friend _____ Shelter Visit _____

Newspaper (Which one?) _____ Pet Store (Which one?) _____ Other _____

DO YOU: Attend School (Which one?) _____ If you are a student are you allowed pets? _____

Work _____ Employer _____ Spouse's employer _____

DO YOU LIVE IN A: House _____ Apartment _____ Condo _____ Dorm _____ Mobile Home _____ Other _____

DO YOU: Rent _____ Own _____ Live with Parents _____ Landlord's Name _____

Landlord's Address _____ Phone _____

How long at current address _____ If less than 1 year please list previous address and how long there _____

Please provide the following information about your household: Number of Adults _____ Number of Children _____

Ages of children _____ Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new dog? _____

Why would you like to adopt a dog from us? Please check all that apply. Companion _____ Gift _____ To Breed _____

For a Child _____ Companion for another pet _____ Other _____

How many pets do you have now: Dogs _____ Cats _____ How many pets have you had in the last 5 years _____

Please list any pets *you now have* or *have had* in the past. If more space is needed use additional sheet.

<u>NAME</u>	<u>TYPE/BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>FIXED?</u>	<u>WHY YOU NO LONGER HAVE</u>

Have you ever adopted an animal from a shelter? If yes, Where? _____ When? _____

Are your current pets up to date on vaccinations and other necessary vet care? Yes _____ No _____ Partially _____

What veterinarian would have records (past/present)? _____

Which veterinarian do you plan to use? _____

How much do you anticipate spending yearly on food, vet care and other expenses for your dog? _____

Do any members of your household have allergies? _____ To what? _____

Do you have any plans to move in the near future? _____ If at some time you do move, what will you do with your dog? _____

How much time will this dog be alone (without human companionship)? Hours _____ Days a week _____

Will your dog stay: primarily inside? _____ primarily outside? _____ outside only? _____

Where will the dog be kept when home alone? _____

Where will you exercise this dog? _____ How often? _____

Do you have a *fully* fenced-in yard? _____ What type of fence? wood _____ chain link _____ other _____

If not fenced, when will you use a leash? all the time _____ almost always _____ sometimes _____ never _____

What food will you feed? _____ How often will you groom/brush? _____

Describe how you will housebreak a dog _____

How will you discipline or correct your dog? _____

A dog can live well over 10 years and requires a major commitment of time, finances and emotion. Why do you feel you can make that kind of commitment at this time? _____

What breed or type and hair length do you prefer? _____ Age _____

Weight/size as an adult? _____ Sex? _____ Any other specifics? _____

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Hi-Tor Animal Care Center. I understand that this application is the property of the Hi-Tor Animal Care Center and that the Hi-Tor Animal Care Center has the right to deny my request to adopt.

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

FOR OFFICIAL USE ONLY:

REVIEWED BY: _____

APPROVED: _____ DENIED: _____

REASON: _____