**Venango County Humane Society**

**STAFF USE ONLY**

**Name of adoptee(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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286 South Main Street Seneca, PA 16346

Phone: 814-677-4040

 ***Pre-Adoption / Adoption Application***

**Todays Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time** \_\_\_\_\_\_\_\_\_\_\_\_

**Name (please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Ad** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_ **ZIP** \_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is this pet being adopted for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAY to DAY CARE**

1. How many hours per day will this pet be left alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where will your pet be kept during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How much do you anticipate spending yearly to feed, vaccinate, license (if needed) and provide medical care for your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. A dog or cat may live **15** **years** **or** **more**. Are you willing to make this time commitment? **Yes** \_\_\_ **No** \_\_\_
5. It may take your new pet ***two or more weeks to adjust*** to its new home, **especially** if other pets are involved! Are you prepared to allow at least this much time? **Yes** \_\_\_\_ **No** \_\_\_\_
6. How do you plan to house train your dog if housetraining is needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INFORMATION (*required*)**

Where do you live? House \_\_\_\_\_ Apt. \_\_\_\_\_ Other \_\_\_\_\_

Do you: Own? \_\_\_\_\_\_ (Copy of real estate tax bill **OR** proof of mortgage payment – ***required***!)

Do you: Rent? \_\_\_\_\_\_ Live with parents / family / friends? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord / Parent / Other Name (***required***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they allow pets? **Yes** \_\_\_\_ **No** \_\_\_\_\_ Is a pet deposit required? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have a fenced in yard? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Height and type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of adults in home? \_\_\_\_\_\_\_\_\_\_\_\_\_ Ages of adults? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in home? \_\_\_\_\_\_\_\_\_\_\_ Ages of children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in the home allergic to animals? **Yes** \_\_\_\_ **No** \_\_\_\_ Dogs or cats? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\* CONTINUED ON BACK \*\*\****

**Household Information (continued)**

**Do you *currently* have or *have you ever had* a pet in your home?**  **Yes** \_\_\_\_ **No** \_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE (dog,cat,bird,etc) | NAME of pet/age |  | TYPE (dog,cat,bird,etc) | NAME of pet/age |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are your pets spayed / neutered? Yes \_\_\_\_ No \_\_\_\_ If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your current pets up-to-date on rabies vaccinations? Yes \_\_\_\_ No \_\_\_\_

Are your current pets properly licensed? Yes \_\_\_\_ No \_\_\_\_\_

What will you do with your pet(s) if you should move in the future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VETERINARIAN INFORMATION (required)**

Who **is** or **was** your **veterinarian(s)** for your animals? *(****Required****)*

 **Name of Veterinarian / Clinic** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address of Vet / Clinic** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_ **ZIP** \_\_\_\_\_\_\_\_\_\_\_\_

 **Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*Name of account holder at vet *(Required)***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby grant the Venango County Humane Society permission to contact my landlord, parent, or other party(s) to verify that pets are permitted, and the length of time I have lived at this location. I further grant permission to contact the above named veterinarian for verification of an account with them, the most recent date(s) the animals(s) were treated, and that all vaccinations are current.

*\*The Venango County Humane Society reserves the right to refuse adoptions at our discretion.\**

**Your signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STAFF USE ONLY**

**Landlord / Parent(s) / Other** Checked: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of person spoken with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved? Yes \_\_\_ No \_\_\_ Restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Veterinarian** checked: Yes \_\_\_ No \_\_\_ Person spoken with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

 Comments/remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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