

Capital District Humane Association, Inc., (CDHA)
PO Box 11330 - Loudonville, New York 12211
Telephone: (518) 664-3450

Dog Adoption Application

For Office Use Only

Today's Date: _____ Name/Description of Dog: _____

Thank you for taking the time to complete this questionnaire. To assist CDHA in its most important function – matching the right pet to the right family – you must complete this questionnaire as truthfully and in as much detail as possible. This is vital if CDHA and the potential adopter are to succeed in finding a pet that is suitable for the family.

CDHA does not adopt to homes with children under the age of 5. Completion of this questionnaire does not entitle the Applicant(s) to adopt a dog. By signing this document, the Applicant(s) is attesting to the truthfulness of their answers. Falsified or incomplete information will be grounds to disallow adoption of a CDHA pet. If CDHA discovers after adoption that any information provided below was falsified or incomplete, CDHA may reclaim the pet.

Applicant's Name: _____

Applicant's Address: _____
(no PO Boxes) _____

e-Mail Address: _____ Primary Tele #: _____ Other Tele #: _____

Co-Applicant's Name: _____

Co-Applicant's Address: _____
(no PO Boxes) _____

e-Mail Address: _____ Primary Tele #: _____ Other Tele #: _____

Are all members of your household present at this adoption? Yes No
If no, which members of your household are not present? _____

Ages of children who live at home or are frequent visitors: _____

Number of children living in and/or visiting your home on a typical day: _____

Do you live in a: House Condo Townhome Apartment Duplex Mobile Home

How long have you lived
at your current address: _____

How long did you live
at your previous address: _____

Do you: Own your home Rent* your home and/or the property your home is on

*RENTERS: You must provide a letter from your landlord granting permission to adopt a dog. CDHA may verify this information directly with your landlord. If the applicant is the property **manager**, CDHA **must** have the name, address, and telephone # of the property **owner**. CDHA may verify this information by searching public records.

Name, Address and Telephone # of Landlord or Property Manager/Owner:

Employment Information:

1. Do all adults work full time? Yes No Part time? Yes No
2. Where is the applicant employed? _____
3. Where is the co-applicant employed? _____
4. Is the applicant or co-applicant subject to relocation? Yes No
If yes, how will you care for your dog prior to, during, and after you move: _____

5. Does the applicant or co-applicant's job require travel? Yes No
If yes, how will you care for your dog while traveling: _____

Pet Care Information:

1. Within the past year, have you contacted CDHA or another shelter/rescue about adopting a dog? Yes No
If yes, please list the name(s) of the organization(s): _____

If yes, may we contact the organization(s) to facilitate your adoption of the appropriate dog? Yes No
2. Are you currently the guardian of a pet(s)? Yes No
If yes, list species, breed, approximate weight and age of each pet: _____

3. Do you currently have a veterinarian? Yes No
If yes, list the name, address, and telephone # below.
If no, where do you intend to bring your dog for medical care:

4. Are/were all of your pets kept up to date on an annual vaccination/de-worming (including heartworm testing and preventative if the pet was a dog) as outlined by a licensed veterinarian? Yes No
5. Are/were all of your pets spayed/neutered? Yes No
If no, why not? _____
6. Have you ever had a dog or cat die at any early age (before age 10)? Yes No
If yes, explain the circumstances: _____

7. Have you had a pet who suffered from and/or was treated for a preventable illness or injury (such as, but not limited to, heartworm, parvovirus, Lyme disease, feline leukemia, hit by a car, poisoned, etc.)? Yes No
If yes, explain the circumstances: _____

8. Have you ever bred any of your pets (either accidentally or deliberately)? Yes No
If yes, explain: _____

9. Have you ever given away, sold, or otherwise disposed of a pet(s) prior to their death? Yes No
If yes, explain: _____

10. How many hours per day will your pet be left alone INDOORS? Hours _____ / Days per Week _____

11. How many hours per day will your pet be left alone OUTDOORS? Hours _____ / Days per Week _____

12. Containment of Pet:
a. Where will the pet be kept during those times when the family is not home (check all that apply):
Indoors: Loose Crated Confined to room (specify room) _____

Outdoors: Loose Garage/other outbuilding Chained Fenced yard/kennel

b. Where will the pet be kept during those times when the family is home (check all that apply):
Indoors: Loose Crated Confined to room (specify room) _____

Outdoors: Loose Garage/other outbuilding Chained Fenced yard/kennel

13. When you need to discipline the pet (for example, your pet chewed a shoe or had a housebreaking accident) how would you do it?

14. Who is/will be responsible for daily pet care? _____ Caregiver when that person(s) is away? _____

15. For what reason(s) would you consider relinquishing custody of a pet? (check all that apply):
- | | | |
|--|---|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Costs too much | <input type="checkbox"/> Jumps/climbs on furniture |
| <input type="checkbox"/> Destructive when left alone | <input type="checkbox"/> Housebreaking accidents | <input type="checkbox"/> Sheds |
| <input type="checkbox"/> Provoked nipping/biting people | <input type="checkbox"/> Family develops allergies | <input type="checkbox"/> Scratches people |
| <input type="checkbox"/> Unprovoked nipping/biting people | <input type="checkbox"/> Pet develops chronic health problems | <input type="checkbox"/> Personal illness |
| <input type="checkbox"/> Provoked nipping/biting animals | <input type="checkbox"/> Pet develops minor health problems | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Unprovoked nipping/biting animals | <input type="checkbox"/> "Too much" (i.e., too active, etc.) | <input type="checkbox"/> Barks too much |
| <input type="checkbox"/> New Baby | <input type="checkbox"/> Digs in Yard | <input type="checkbox"/> Divorce/breakup |
| <input type="checkbox"/> Other _____ | | |

1. Do you understand that if you cannot keep the pet for its lifetime, you **MUST** return the pet to CDHA under the conditions specified in the Dog Adoption Contract, the adoption fee will NOT be refunded, nor will CDHA apply the fee toward the adoption of another pet?

Yes No

2. Do you understand that CDHA reserves the right to conduct **UNANNOUNCED** home visits at any time during the lifetime of the pet?

Yes No

3. Please list several preferences for a home visit: Days of week: _____ Times: _____

4. Do you understand that individuals who adopt a CDHA pet are contacted periodically for an update to help ensure that the pet is adjusting well and to help resolve problems?

Yes No

What time would be best to call to see how the pet is adjusting: _____

Do you have an answering machine or use voicemail? Yes No

5. Do you understand that CDHA reserves the right to disapprove any application for any reason, without explanation?

Yes No

6. Do you understand that falsified or incomplete information or failure to comply with all of the requirements in this Application and the Adoption Contract can result in forfeiture of any CDHA pet which may be adopted by the Applicant?

Yes No

List Personal Reference (NOT a relative nor someone who lives with you)

Name: _____

Telephone # (req'd): _____

Address: _____

Your home may be a good match for one dog but not another. Please understand that CDHA seeks the best home based on the needs of the dog. Also, please understand that CDHA is not required to accept the first applicant as the forever family for a dog.

_____ **I understand CDHA will contact my veterinarian for references and to obtain veterinary history on my pets. My initials here authorize CDHA to contact my veterinarian who I have named on page 2.**

Applicant's Signature / Date

Co- Applicant's Signature / Date

CDHA Representative's Signature / Date

Rev. April 2020