

# Conway Area Humane Society

## Application for Dog Adoption

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

Dog CAHS # \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Name of spouse or partner (at same address): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Photo ID Verified? Yes No

Are you at least 21 years of age? YES NO

Do you own or rent a home? \_\_\_\_\_

If rent, please provide landlord's name: \_\_\_\_\_

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

Are you planning on moving in the near future? YES NO

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

How many people live at this address? \_\_\_\_\_ Adults? \_\_\_\_\_ Children? \_\_\_\_\_

If children, what are their ages? \_\_\_\_\_

Do you baby-sit in your home? YES NO How old are the children? \_\_\_\_\_

Does anyone at this address have allergies or asthma? YES NO

Does everyone at this address know and agree with adding a pet to the home? YES NO

Are you currently?

Working outside the home      Attending school      Retired      Working at home

Under what circumstances have you ever had to give up an animal to a shelter?

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CAHS # \_\_\_\_\_

Pet History

What pets have you owned in the last three years?

Name	Type/Breed	Age	Sex	Altered	Still have?	If not, why?

Veterinary hospital you now use: \_\_\_\_\_

In the last three years if different? \_\_\_\_\_

Why are you adopting this animal?

COMPANION

TO BREED

FAMILY PET

HUNTING

Who are you adopting this pet for? SELF GIFT FRIEND PARENT CHILD FAMILY

Which family member will have primary responsibility for the care of your new pet?

\_\_\_\_\_

Is there anything else that you would like us to know about your pet history?

\_\_\_\_\_

\_\_\_\_\_

Staff Initials: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Remarks: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

CAHS reserves the right to verify all information given on this application. Any misinformation or falsification will result in automatic refusal and/or confiscation of animal if adoption has taken place. CAHS reserves the right to refuse adoption if the adoption criteria are not met following verification.

I, \_\_\_\_\_ (print name) agree to provide a permanent and good home for the animal/s adopted from the CAHS. I will provide regular medical care and immunizations as deemed necessary by a licensed veterinarian.

I understand the application procedures and have read the animal's entire history as documented by the CAHS. I do NOT hold the CAHS responsible for any actions incurred once the animal is released from their care.

In the event of having to surrender the pet, I will contact the CAHS to discuss the future of the animal.

I understand that if I fail to uphold this agreement, the CAHS may reclaim the animal and I may not make claims of any nature.

I give permission to the veterinary clinics to release any and all information the CAHS may request in order to process this application.

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Staff Initials: \_\_\_\_\_