



WAUPUN AREA ANIMAL SHELTER, INC.
 901 N. Madison St • Waupun, WI 53963
 Tel / Fax: (920) 324-3200

www.waupunareanimalshelter.org • e-mail: admin@waupunareanimalshelter.org

DOG ADOPTION APPLICATION

I AM INTERESTED IN ADOPTING:		<i>Message left for adopter:</i>
Name:		
		<i>Adoption date/time:</i>

APPLICANT(S)			
Name of Applicant (Last, First, Middle)			Date of Birth
Address			Home Phone
City	State	Zip	Other phone
E-mail		Driver's License Number	
Name of Applicant (Last, First, Middle)			Date of Birth
Address			Home Phone
City	State	Zip	Other phone
E-mail		Driver's License Number	

ADOPTION POLICIES	
<i>(Please initial each item to acknowledge)</i>	
	The applicant must be eighteen (18) years old.
	There is normally a 24 hour waiting period after the application is filled out.
	All current pets must be spayed/neutered and current with rabies vaccinations.
	Proof of homeownership (Tax bill, mortgage coupon) or landlord verification is required.
	Dogs will be matched to the best home for that particular dog.

EMPLOYMENT

Employer:	<input type="checkbox"/> Retired/Disabled
Address:	Phone
	How Long?
Employer:	<input type="checkbox"/> Retired/Disabled
Address:	Phone
	How Long?

INFORMATION ABOUT YOUR HOUSEHOLD

Do You:	<input type="checkbox"/> Own	How long at this address?		
	<input type="checkbox"/> Rent	Name of Landlord		Telephone:
How many adults in household?		How many children in household?		Ages:
Fenced in yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fence material:		
If not, how will you contain your new dog?				
Most shelter dogs have unknown housetraining history. How do you plan to housetrain your new dog?				
Is anyone in the house allergic to dogs?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
What will happen to your dog if you move?				
How often do you travel? Where will the dog stay when you are gone?				
Have you ever surrendered or given up an animal before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain				
Have you ever adopted from a shelter or rescue group before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which shelter/rescue?

LIST ALL PETS OWNED WITHIN LAST FIVE (5) YEARS

Type/Breed	Name	Age	Spayed/ Neutered	Indoor/ Outdoor	Still Have	How Long owned?
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

If you no longer have any of the above listed animals, please explain where they are now:

List the veterinary clinics you have used in the last 5 years

Name:	Name:
Telephone:	Telephone:

INFORMATION ABOUT YOUR NEW DOG

Why do you want to adopt this dog? (Circle all that apply)	
Companion	For Children
Hunting	Relative
Other: _____	
Who will be the primary caregiver of the dog?	
How much do you expect the yearly cost of a dog to be? (Routine care, vaccinations, food, etc..)	
The average dog's lifespan is 10-12 years. Are you willing to commit yourself to this dog for its entire life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long will the dog be alone each day?	
Will this dog be kept indoors or outdoors?	
Where will the dog be kept during the day?	
Where will the dog sleep at night?	
Will the dog be exposed to small children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will you discipline your dog if it misbehaves?	

Will the dog be restricted from any areas of the house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the dog became seriously ill, would you be able to care for him/her financially?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to enroll your dog in obedience classes if needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please initial each statement, acknowledging that you agree to each:	
	All the information I have provided in this application is complete and correct.
	My application will be terminated if I provide false information.
	I give permission to my veterinarian to release any vet records of my current/past pets to a Waupun Area Animal Shelter representative.
	I agree to provide all my animals with sufficient food, water, proper shelter and timely veterinary care at all times.
	I release the Waupun Area Animal Shelter, Inc. from any liabilities I may incur from the adoption process.
	If I adopt a dog that is intact, I agree to provide the Waupun Area animal Shelter with a copy of the pre-paid spay or neuter prior to adoption.
	I understand that adopting this dog is a decision that is not made lightly. I am making a lasting commitment to this dog and I understand that he/she will depend on me for all of his/her needs for the rest of his/her life.
BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS APPLICATION	
Applicant (Primary)	Date
Applicant (Spouse/Significant Other)	Date

ALL APPLICANTS – EMERGENCY CONTACT INFORMATION
<i>Please provide us with the name and telephone number of an emergency contact, in case your new dog becomes lost. This person should be someone not living in your household.</i>
Name:
Telephone number:

****FOR ANIMAL SHELTER USE ONLY****

Homeowner verification	Date:	By:
Landlord verification	<input type="checkbox"/> Yes <input type="checkbox"/> No	By:
Left Message for Landlord	Date/Time	Date/Time
Vet Check By:	Animal altered?	
	Do they keep their animals up to date on all required vaccinations?	
	Comments	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Adoption Coordinator	
	Date	
Adoptions restricted to:		
Reason for denial:		