



CHA Animal Shelter Adoption Application

If interested in a specific animal, please list his/her name(s) _____ Date: _____

Applicant Information

First Name: _____ Last Name: _____ Date of Birth: _____ Gender: _____

Maiden Name/Other Variations: _____ ID #: _____ ID Type: _____

Street # & Name: _____ Apt: _____ Length of Time at Residence: _____

Zip: _____ State: _____ City: _____ Address Type: _____

Phone: _____ Phone Type: _____ CHA Association: _____ Previous CHA Adopter? _____

If Yes, Pet Name: _____ Adoption Date: _____ Where is that Pet Now? _____

Email: _____ Email Type: _____

Emergency Contact: _____ Phone: _____ Alt Phone: _____

Employer: _____ How Long? _____ Occupation: _____

Student: _____ If Yes, School Name: _____ Graduation Date _____

1) Reference Name: _____ Phone: _____ Relationship to You: * _____

2) Reference Name: _____ Phone: _____ Relationship to You: * _____

**References cannot be family members*

Co-Applicant

Relationship to Applicant: _____

First Name: _____ Last Name: _____ Date of Birth: _____ Gender: _____

Maiden Name/Other Variations: _____ ID #: _____ ID Type: _____

Street # & Name: _____ Apt: _____ Length of Time at Residence: _____

Zip: _____ State: _____ City: _____ Address Type: _____

Phone: _____ Phone Type _____ CHA Association: _____

Email: _____ Email Type: _____

Employer: _____ How Long? _____ Occupation: _____

Student: _____ If Yes, School Name: _____ Graduation Date _____

****Please answer the following questions honestly and completely. Your information will be verified. ****

Residence: Own Home: ___ Own Condo: ___ Own Mobile Home: ___ Rent Apartment: ___ Rent House: ___ Rent Mobile Home: ___

Live with parents: _____. If Yes, are they aware you want to adopt? _____

Please list everyone **18 or older** living in your home (include spouse, significant other, partner, roommate, older children, etc.)

Please list everyone **under 18** in your home and their ages (include children, grandchildren, children that visit often, etc.)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Has anyone living in your home been convicted of a felony? _____ If Yes, explain: _____

Does anyone in the household have pet allergies? _____ If Yes, are they prepared to take medication for the allergies? _____

If Yes, are you prepared for the extra cleaning/vacuuming needed to help the allergy sufferer? _____

Why do you want to adopt a pet? **Check all that apply:** Watch Dog: ___ Protection: ___ Companion/Family Pet: ___ Barn Cat/Mouser: ___

Hunting: ___ Child's Pet: ___ Gift: ___ Companion for Other Pet: ___ Other: _____

How much money do you think you will spend on pet care each year (i.e. food, medical care, toys, boarding, grooming, etc): _____

Who will be responsible for the exercise, grooming, health care, and feeding of the animal? _____

Where will the animal be kept during the day? _____ During the night? _____

If the animal will live outside, what type of shelter is available? _____

If needed, would you allow a CHA representative to conduct a home visit? _____

Under what circumstances would you not keep the animal? **Check all that apply:** Allergy: ___ Divorce: ___ Moving: ___ New Baby: ___

Illness: ___ New Job: ___ Not Enough Time to Care for Pet: ___ Pet Size: ___ Housebreaking Issues: ___ Behavior Problems: ___

Biting: ___ Current Pet(s) Not Adjusting: ___ Other: _____

If interested in adopting a DOG

How will you keep the dog confined to your property? **Check all that apply:** Fenced Yard: ___ Partially Fenced Yard: ___ Run Loose: ___

Invisible Fence: ___ Kennel: ___ Leash: ___ Tie Out/Chain: ___ Other: _____

How will you exercise your dog? _____

How much time are you willing to devote daily to exercising your dog? _____

How will you handle barking, chewing, scratching, digging and other destruction? _____

Will you enroll your dog in obedience class? _____ Why? _____

If interested in adopting a CAT

Do you plan to declaw the cat? _____ If **No**, how will you prevent the cat from clawing furniture, curtains and/or carpet? _____

Will the cat be allowed outside? _____ If **Yes**, how will the cat be prevented from running off? _____

Even though most cats (male or female) do not spray or mark, how will you handle the situation if your new adoptee does this behavior? _____

Pet History

Please provide the following information on ALL of the pets you currently have and have had over the last 10 years:

1) Pet Name: _____ Animal Species: _____ Age: _____ Gender: _____

Spayed/Neutered? _____ Housed Indoors: ___ Housed Outdoors: ___ Both: ___ Where is the Pet Now? _____

2) Pet Name: _____ Animal Species: _____ Age: _____ Gender: _____

Spayed/Neutered? _____ Housed Indoors: ___ Housed Outdoors: ___ Both: ___ Where is the Pet Now? _____

3) Pet Name: _____ Animal Species: _____ Age: _____ Gender: _____

Spayed/Neutered? _____ Housed Indoors: ___ Housed Outdoors: ___ Both: ___ Where is the Pet Now? _____

4) Pet Name: _____ Animal Species: _____ Age: _____ Gender: _____

Spayed/Neutered? _____ Housed Indoors: _____ Housed Outdoors: _____ Both: _____ Where is the Pet Now? _____

5) Pet Name: _____ Animal Species: _____ Age: _____ Gender: _____

Spayed/Neutered? _____ Housed Indoors: _____ Housed Outdoors: _____ Both: _____ Where is the Pet Now? _____

6) Pet Name: _____ Animal Species: _____ Age: _____ Gender: _____

Spayed/Neutered? _____ Housed Indoors: _____ Housed Outdoors: _____ Both: _____ Where is the Pet Now? _____

Veterinarian Name: _____ Practice Name: _____ Phone: _____

If you move, will you take your pet(s) with you? _____ If **No**, please explain: _____

Are **ALL** of your current animals spayed/neutered? _____ If **No**, please explain: _____

Are **ALL** of your animals current on vaccinations? _____ If **No**, please explain: _____

Do you use a heartworm preventative on your pets? _____ If **No**, please explain: _____

Do you use a flea preventative on your pets? _____ If **No**, please explain: _____

Have you ever had to get rid of a pet? _____ If **Yes**, please explain: _____

How long do you expect to commit to this pet? _____

Tell us why you would be a good pet guardian: _____

Do you understand that:

- ✓ You may have to wait to adopt this animal until he/she is neutered/spayed (including recovery time from the surgery)? _____
- ✓ You should take this pet to your veterinarian within 10 days of adoption so he/she can become familiar with your new pet? _____
- ✓ This animal may need "booster" vaccinations within the next few weeks, at your expense? _____
- ✓ This animal will need an "adjustment period" in your home; during this adjustment time he/she may have accidents on the floor, destroy belongings, exhibit separation anxiety or other undesirable behavior? _____
- ✓ Children should never be left unsupervised with an animal, even the friendliest family pet? _____

How did you hear about CHA? **Check all that apply.** Event: _____ Web Search: _____ Petfinder: _____ Referral: _____ Other: _____

- ✓ Are you aware that one unaltered female cat can produce approximately **420,000** offspring in 7 years? _____
- ✓ If you haven't done so in the past, will you advocate spay/neuter and adopting from a shelter/rescue? _____
- ✓ Are you aware that CHA is supported only by donations and not tax dollars? _____
- ✓ Do you know that CHA's adoption fees do not cover the money spent to care for this animal? _____
- ✓ Are you interested in becoming a CHA Member/Volunteer? _____
- ✓ Are you interested in learning about upcoming fundraising events for CHA? _____

I understand that CHA may not approve this adoption application. I further understand that if I can no longer keep this pet, I must return it to CHA. As a non-profit organization, we reserve the right to refuse the adoption of any animal for any reason. I certify that the above information is correct and authorize CHA to check my references and contact my veterinarian listed above.

Adoption is a lifetime commitment!
Thank you for considering giving this animal a chance at a good life!

Signature: _____ Date: _____

Adoption Counselor: _____ Date: _____ Refusal box checked: _____

FOR STAFF USE ONLY

AC Notes: _____

Vet Reference: _____

Personal Reference #1: _____

Personal reference #2: _____

LL or Approved? _____

Apt Name _____

Parent's Name and Number _____

APPROVED? Y/N Date: _____ Reason(s): _____
