



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: _____

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 Name: _____

AC Notes: _____

Background Check info _____

Adoption Counselor Recommends applicant for approval _____ Yes _____ NO

Reason flagged for staff: _____

ID Checked _____ YES _____ NO ID Type: _____

Vet Reference: _____

Personal Reference #1: _____

Personal reference #2: _____

LL or Approved? _____

Apt Name _____

Parent's Name and Number _____

APPROVED? _____ Date: _____ Reason(s): _____
