



Town of Apple Valley Animal Shelter



Canine Adoption Application

Thank you for filling out this application. The information you provide will help us find the best match for you and your family. Please understand that the Town of Apple Valley reserves the right to deny any application to adopt any pet for any reason. Our mission is to place animals in permanent loving homes that best match the animal and new owner's needs, desires and lifestyle.

Be advised that State Law requires us to hold animals for a period of 72 hours; giving the potential owner an opportunity to claim their pet. During this initial hold period citizens are allowed to view animals which may become available for adoption. Our shelter does not reserve animals for adoption, and all animals deemed adoptable are available on a first come basis providing your adoption application has been approved. In the event that more than one person comes forward at exactly the same time, names will be placed in a hat and drawn to determine who will adopt the animal. Please check with a staff member if you are unclear when a particular animal becomes available.

Additionally, part of the adoption approval process may include an interview or phone consultation with the Shelter Supervisor.

Please initial after reading: _____

Animal Impound #: _____ **Kennel #:** _____

Name: _____ **Phone#:** _____

Address: _____ Please Print _____ **Cell #:** _____

E-mail: _____

Number of children living in home: _____ **Children's Ages:** _____

Length of time at address: _____

Housing Type: _____ House _____ Mobile Home _____ Apartment

Do you: _____ Own _____ Rent _____ Live with parents or friends

If you do rent, do you have permission from your landlord to have a dog? _____ Yes _____ No

Landlord's Name: _____ **Phone #:** _____

Are you planning to move in the next year? _____ Yes _____ No. **If you move, what do you plan to do with your pets?** _____

If you have a veterinarian, please provide their name (or clinic name): _____

Dog Experience: <input type="checkbox"/> First time owner <input type="checkbox"/> Have had one or two dogs <input type="checkbox"/> Knowledgeable & experienced	Time Away From Home: <input type="checkbox"/> Home all day <input type="checkbox"/> Out part-time <input type="checkbox"/> Away 7-10 hours/day	Home Atmosphere: <input type="checkbox"/> Busy, lots of activity <input type="checkbox"/> Some activity <input type="checkbox"/> Quiet & serene
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Our Dog Will Live: <input type="checkbox"/> Indoors only <input type="checkbox"/> Indoors/outdoors <input type="checkbox"/> Outdoors only	Type of Yard: <input type="checkbox"/> Securely fenced <input type="checkbox"/> Not Fenced Type of Fencing _____	Amenities: <input type="checkbox"/> Dog house <input type="checkbox"/> Covered patio <input type="checkbox"/> Other _____
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Is anyone in the household unsure or nervous of dogs? _____ Yes _____ No

Will your dog interact with elderly people? _____ Yes _____ No

I am looking for these traits in a dog (check all that apply)

<input type="checkbox"/> Athletic/high energy	<input type="checkbox"/> Very affectionate
<input type="checkbox"/> Outdoor dog	<input type="checkbox"/> Good with dogs
<input type="checkbox"/> Lap dog	<input type="checkbox"/> Good with cats
<input type="checkbox"/> Mellow	<input type="checkbox"/> Good with kids
<input type="checkbox"/> Independent	<input type="checkbox"/> Housetrained

Exercise

I prefer a dog that will... *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> enjoy walking with me on a leash | <input type="checkbox"/> exercise him/herself in our yard |
| <input type="checkbox"/> enjoy walking with me on or off a leash | <input type="checkbox"/> require only enough exercise to do his/her business |
| <input type="checkbox"/> run, jog or hike with me | |

My Preferences

My dog will be a ... *(check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Male or female |
| <input type="checkbox"/> Young puppy | <input type="checkbox"/> Adolescent | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Child's pet | <input type="checkbox"/> Companion for family | <input type="checkbox"/> Companion for other pet |
| <input type="checkbox"/> Exercise buddy | <input type="checkbox"/> Gift | <input type="checkbox"/> Watchdog |
| <input type="checkbox"/> Purebred | <input type="checkbox"/> Hunting dog | <input type="checkbox"/> Guard dog for business |

I would not tolerate or would find difficulty managing the following bad habits *(Check all that apply)*

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Barking | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Play biting | <input type="checkbox"/> Rough play | <input type="checkbox"/> Housebreaking accidents |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> I can work through bad doggie habits. | | |

Most shelter animals have unknown medical backgrounds. Are you prepared to take this animal to a veterinarian within ten days for a medical examination and any necessary medical treatment? ___ Yes ___ No

What do you expect the yearly expense of owning this new pet to be? \$ _____

Who will be responsible for the pet's care? _____

Are you prepared to spend \$150.00 or more for veterinarian care for the first year you own this animal? ___ Yes ___ No

Are you willing to help your new pet through possible minor behavior problems? ___ Yes ___ No

Are you willing to give the pet up to six weeks to adjust to its new surroundings? ___ Yes ___ No

Have you ever adopted an animal from this shelter? ___ Yes ___ No

Have you ever left an animal at the Apple Valley Animal Shelter? ___ Yes ___ No

If yes, why? _____

Are all your pets sterilized? ___ Yes ___ No **Are your pets' shots up to date?** ___ Yes ___ No

** Excess number of animals may require a permit based on zoning*

Dog	Cat	Other	Breed/Type	Sex	Age	Where is pet kept?		
						inside	outside	both
						inside	outside	both
						inside	outside	both
						inside	outside	both

How did you hear about the Town of Apple Valley Animal Shelter?

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Adopted an animal | <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Surrendered an animal | <input type="checkbox"/> Website | <input type="checkbox"/> Veterinarian <input type="checkbox"/> Friend/family |

Please Initial After Reading and Sign.

I certify the above answers to be true and correct. _____
I understand that adoption fees are not refundable. _____
I agree to accept this animal as a pet and to provide it with nutritious food, fresh water, appropriate shelter and medical care as well as regular exercise and grooming. _____

Potential Adopter's Signature _____ **Date** _____

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RVT Eval: _____ Check Priors File: _____ No Prior File Yes

SCAN: _____ Discussed Priors _____

Application Approved By: _____ **Not Approved:** _____
Additional Comments: _____