

STEPHEN MEMORIAL ANIMAL SHELTER ADOPTION APPLICATION

Please provide the following information to help determine if the pet you are considering adopting is well-suited to your lifestyle, home, and family and that it will be placed in an environment compatible with its needs.

Name of pet you are interested in adopting: _____

Date: _____ **Home Phone:** _____

Name: _____ Date of Birth: _____

Email Address: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Work Phone: _____

Occupation: _____ Employer: _____

1. I want this pet for (mark all that apply):

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Companion | <input type="checkbox"/> Outdoor Only | <input type="checkbox"/> Protection/Guard dog |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Gift for _____ | <input type="checkbox"/> Barn cat/Mouser |
| <input type="checkbox"/> Family Pet | <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Other _____ |

2. It can cost up to \$400 per year or more to care for a pet, including food, vaccinations, toys, worming, cat litter, heartworm test and preventative, Feline leukemia test, boarding, etc.

Can you meet this financial responsibility? _____

3. Are you 21 years old or older? _____

4. I live in a: House Apartment Mobile Home Farm Condo Dorm

5. Please circle one: I rent my home I own my home I live with my parents

(If you don't own your own home):

Landlord, apt. manager, or parent's name: _____ Phone: _____

6. Are there children under 18 in your household? _____ ages? _____

Are you prepared to supervise your children when they interact with your new pet? _____

7. Is anyone in your household allergic to dogs or cats? _____

8. In your absence (vacation, business trips, etc.), who will care for your pet? _____

9. List all of the pets you currently have or have had within the past five years:

Name of pet	Type (cat or dog)	Spayed or neutered?	Age?	Still have?	Kept where?

If you no longer have any of the animals listed, what happened to them? _____

10. Your veterinarian: _____ Phone: _____

Do we have your permission to contact this vet for a reference? _____ YES _____ NO

11. Do you plan to move within the next year? _____

If so, what will you do with your pet(s)? _____

12. Where will this pet be kept during the day? _____ At night? _____

13. Have you ever adopted a pet before? _____ If yes, do you still have it? _____

14. Have you ever taken a pet to a shelter or Humane Society? _____

If yes, why? _____

15. a. Approximately how many hours will this pet be left alone per day? _____ b. Is your yard fenced? _____
Kind of fence? _____

16. What behavior would you be unwilling to work with? _____

Dogs Only 17. What will you do if this dog grows larger than expected? _____

Dogs Only 18. Do you plan to take your new dog or puppy to training classes? _____

Dogs Only 19. Have you ever housetrained or cratetrained a dog or puppy before? _____

20. A dog or cat may live 12-15 years or longer.

Are you prepared to make a commitment to this pet for its lifetime? _____

21. It may take your new pet two weeks or longer to adjust to its new home.

Are you prepared to allow it this much time to adjust? _____

22. We may follow up on this adoption by phone or mail. Do you object to this? _____

How did you find this pet or hear about the shelter? _____ Petfinder website _____ Poster at a business

_____ Walmart Board _____ Picture in the Herald or Shopper _____ KBOE website

_____ Shelter visit _____ Other _____

IMPORTANT! Please read the return policy on the next page and sign!

Please read the following return policy:

An adopted pet may be returned to the shelter at any time; however, **adoption fees are not refundable.** Within ten (10) business days following the adoption, Adopter agrees to take the pet to a licensed veterinarian for a health examination. Adopter understands that if an adverse health condition is discovered and noted by the veterinarian, the pet may be returned to the SMAS within 10 days following the date of the veterinary exam with a copy of the veterinarian’s report. If the adopter has complied with the health examination terms set forth above, the Animal Shelter agrees to REPLACE – without additional charge to the Adopter – said pet, by allowing Adopter to make a similar choice within 60 DAYS from the date said pet is returned. IF SAID PET IS NOT RETURNED UNDER THE TERMS AND CONDITIONS SET FORTH ABOVE, THIS OFFER IS VOID and the SMAS is absolved of any and all responsibility and/or claims as a result of the adverse health condition.

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the Stephen Memorial Animal Shelter has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of the Stephen Memorial Animal Shelter.

Signature of applicant: _____ **Date:** _____
Shelter Phone: 641-673-3991 Shelter FAX: 641-672-9347 Shelter Email: smasadoptions@mahaska.org

For Office Use Only:

_____ Approved

Notes _____ Counselor _____ Date _____

_____ Pending

Notes _____ Counselor _____ Date _____

_____ Denied

Notes _____ Counselor _____ Date _____

Homeownership Verification: Okay Denied Not Applicable

Landlord Permission: Okay Denied Not Applicable

Veterinarian Verification: Up-to-Date No Record Over Due Not Applicable