

Animal Protection Society of Friday Harbor 938 Cattle Point Road ~ PO Box 1355, Friday Harbor WA 98250 (360) 378-2158 Admin Office | (360) 378-2158 Shelter Office apsfh.com

## CANINE ADOPTION APPLICATION

Thank you for your interest in adopting a dog from the Animal Protection Society of Friday Harbor! Because pet ownership is a serious, long-term commitment, we wish to do everything possible to ensure that animals currently in our care are matched with their perfect forever homes.

This application form is indeed a lengthy one, but the information we're requesting will help us make the best matches possible – both for the dogs and for the potential adopters. So please be both thorough and honest in your responses.

It is important to understand that filling out this application does NOT guarantee that you will be able to adopt the dog you want. Once your application is received, it will be carefully reviewed by our staff, who will appreciate your patience as the review process proceeds. Our staff is small, and occasionally there is a high volume of applicants or a chosen pet has special needs that must be taken into consideration. If staff have questions about any of the information on your application, you will be contacted for clarification. All applicants will be contacted once a decision is made.

## THINGS TO KEEP IN MIND BEFORE APPLYING:

- All applicants must be at least 18 years of age to apply to adopt from APS-FH.
- When multiple applications are received for the same dog, we will review each application and base our decision on what we determine is the best fit for the dog.
- Other pets in the potential adopter's home must all be spayed/neutered and up to date on all vaccinations before any adoption can be finalized.
- APS-FH is a private shelter, and reserves the right to deny an application for any animal for any reason.

## NAME OF THE CANINE YOU WISH TO ADOPT:

## **PERSONAL INFORMATION:**

| Applicant Name:                      |                                    | Today's Date:       |                          |  |  |  |
|--------------------------------------|------------------------------------|---------------------|--------------------------|--|--|--|
| House/Home Address: _                |                                    |                     |                          |  |  |  |
|                                      | City                               | State               | Zip Code                 |  |  |  |
| Mailing Address:                     |                                    |                     |                          |  |  |  |
|                                      | City                               | State               | Zip Code                 |  |  |  |
| Home Phone:                          | Al                                 | ternate Phone:      |                          |  |  |  |
| E-Mail Address:                      |                                    |                     |                          |  |  |  |
| If applicant is working, nar         | me of employer:                    |                     |                          |  |  |  |
| HOUSEHOLD INFOR                      | MATION:                            |                     |                          |  |  |  |
| Please list names and ag             | ges of <u>everyone</u> living in y | our household:      |                          |  |  |  |
|                                      |                                    |                     |                          |  |  |  |
|                                      |                                    |                     |                          |  |  |  |
|                                      |                                    |                     |                          |  |  |  |
| Please list two (2) persone another: | onal references of peop            | e not living with y | ou, or related to you or |  |  |  |
| Name:                                | Phone:                             | Rela                | ationship:               |  |  |  |

|       |        | ·             |
|-------|--------|---------------|
| Name: | Phone: | Relationship: |

| Do children frequentl<br>If YES, what are their |                        | YES / NO       |           |                         |
|---|------------------------|----------------|-----------|-------------------------|
| What type of residence                          | ce do you live in?     |                |           |                         |
| House   | Apartment              | Condo          | Boat      | Other(please specify)   |
| Do you rent or own y                            | our residence?         |                |           |                         |
| If You Rent: LANDLO                             | RD INFORMATION:        |                |           |                         |
| Name:   |                        |                | Phone Num | ıber:                   |
|   | -                      |                | ·         | s (such as breed, size, |
|   |                        |                |           |                         |
| How many years have                             | e you lived at your c  | urrent address | ?         |                         |
| Less than 1 year                                | 1 year +               | 2 years -      | +3 y      | ears + 4 years +        |
| Do you plan on movii                            | ng sometime during     | the next year? | YES /     | NO                      |
| What would you do w                             | rith this dog should y | you move?      |           |                         |
|   |                        |                |           |                         |
|   |                        |                |           |                         |

Do you have a fenced yard? YES / NO

If <u>yes</u>, what type of fencing and how high is each side? If <u>no</u>, how will you safely contain your dog when it is outside?

| Are you a first-time dog owner? YES / NO   |
|--|
| Have you ever adopted a rescue pet before? YES / NO<br>If yes, please provide details. (Pet type, where, when, etc.)   |
|  |
|  |
| Is this your first adoption from APS-FH? YES / NO  |
| Please list all the pets you have owned in the last five years and why you no longer have them (i.e. passed of old age, euthanized, gave away, hit by car, breed, age of pet, etc.) If you haven't owned a pet in last ten years, leave blank. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Do you currently have any other pets in your home? If yes, please fill in the following information.

| Name   | Туре   | Age                                     |
|--|--|---|
| Spayed/Neutered:   | Y / N Current on Vaccinations: Y / N   | Kept Inside/Out:                        |
| Name   | Туре   | Age                                     |
| Spayed/Neutered:   | Y / N Current on Vaccinations: Y / N   | Kept Inside/Out:                        |
| Name   | Туре   | Age                                     |
| Spayed/Neutered:   | Y / N Current on Vaccinations: Y / N   | Kept Inside/Out:                        |
| Name   | Туре   | Age                                     |
| Spayed/Neutered:   | Y / N Current on Vaccinations: Y / N   | Kept Inside/Out:                        |
| YES / NO Please<br>Who is your current<br>(APS-FH will conta<br>current/past animals | <b>t veterinarian?</b><br>ct your veterinarian and will need perm                    | ission for information regarding your   |
|  |  |   |
| Business   | Name   | Phone Number                            |
| Do you have the fir  | ancial resources for proper veterinary c   | are? YES / NO                           |
|  | d able to accept the cost of this dog<br>? (i.e. medical expenses, vaccines, food, e |   |
| How would you des  | scribe your home environment (i.e. quiet,  | , active, grand central station, etc.)? |
|  |  |   |

Why are you looking to adopt at this time?

Where will the new dog spend the majority of its time? (i.e. indoors, outside or both) Please describe.

Where will the dog be when you are not at home? Please describe.

How many hours are you away from home each day, and how many hours maximum will the dog be left without human contact during the day?

Who will care for the dog should you need to leave? (i.e. vacation, emergency, etc.) Please describe.

If you adopt a dog that needs training, what are your plans for this?

How do you intend to exercise this dog and how often?

| Is every household member 100% in favor of adopting a dog? | YES / NO |
|--|----------|
|--|----------|

Do all members of the household understand it may take a few days/weeks/months for a new dog to become adjusted to its new home and other pets? YES / NO

Can you tolerate pet accidents in your home while your new pet adjusts? YES / NO

What plan of action will you use if "accidents" continue to occur?

| Doy | you or any | of your | family | members | have aller | gies to | pets? | YES / | NO |
|-----|------------|---------|--------|---------|------------|---------|-------|-------|----|
|-----|------------|---------|--------|---------|------------|---------|-------|-------|----|

Under what circumstances would you ever give up your dog?

What particular characteristics (if any) are you looking for in a dog? Also, what characteristics would you view as problematic in your new dog?

How would you try to resolve the problematic characteristics?

Have you ever surrendered a pet for any reason? If so, why?



I UNDERSTAND THAT COMPLETING THIS APPLICATION IS NOT A PROMISE OR GUARANTEE OF ADOPTION APPROVAL, but rather a starting point for APS-FH staff to evaluate my lifestyle relative to how a particular dog might fit in. Not being matched with one dog does not mean that I wouldn't be matched with a different dog, given that the goal of APS-FH is to find the right dog for my needs and the right home for each dog.

By signing below, I certify the information provided within this application is true and correct to the best of my knowledge. I understand that if I have given any false information it could result in this application being denied and that if I do not completely fill out the application it could result in my application being less likely to be selected. My signature below gives APS-FH permission to contact my veterinarian, references, and any other persons or entity to verify any of the information I have submitted herewith.

SIGNATURE \_\_\_\_\_

DATE\_

| APPROVED / DENIED          | DATE        |   |               |           |       |
|----------------------------|-------------|---|---------------|-----------|-------|
|                            | STAFF SIGI  | NATURE  |               |           |       |
| PAID : YES / NO            |             | CHECK#_                                       | C.C           |           |       |
| ANIMAL NAME                |             | FILE NUMBER_                                  | Circ          | cle : DOG | PUPPY |
| IF PUPPY IS NOT YET SPAYED | D, HAS SPAY | NEUTER DEPOS                                  | IT BEEN PAID? | YES       | NO    |
| ADOPTION DENIAL REASON:    |             |   |               |           |       |
|                            |             |   |               |           |       |
|                            |             |   |               |           |       |
|                            |             |   |               |           |       |
|                            |             | ANIMA<br>PROTECTION<br>SOCIET<br>FRIDAY HARBO |               |           |       |

Revised 7/11/19