



Dog Adoption Application

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Animal Information

Dog's Name _____ HSSC ID Number: _____

Sex (Male/Female): _____ Age (months): _____

Description: _____

Dog License Number _____

Microchip Number _____

Information About You (please print)

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP _____

e-mail (if available): _____

Other contact information (alternative address, telephones etc.) _____

Are you at least 18 years of age? Yes No

Are you currently a student? Yes No

Are you currently employed? Yes No

If yes, please provide the name and location of employer _____

How long have you worked for this employer? _____

What is your current position? _____

Are you retired? Yes No

Do you have any circumstances that would limit your ability to feed, exercise and provide sanitation for this dog? Yes No

If yes, please explain the situation: _____

Information About Your Household

What best describes where you live:

House Mobile Home Apartment
 Duplex Rural Village
 City Suburb Other: _____

Do you own or rent your living quarters? Own Rent

How long have you lived at your current residence?

Other arrangements: _____

If you rent, landlord's name: _____ Telephone: _____

The landlord will be contacted to determine whether you have permission to bring an animal onto the property.

Do you plan to move within the next six (6) months Yes No

If yes, what are your plans for your pet(s) _____

Traffic Patterns in your residential area: Heavy Medium Light Speed Limit _____ Mph

Will this pet be kept indoors or outdoors? Indoors Outdoors Both

How will you keep this pet confined to your property? _____

Where will the pet be kept when you and/or family members are absent from the home?

Where will the pet be kept in the evening hours? _____

Number of people living in your home: Adults _____

Children Ages: _____

How many hours is someone home: Daytime Evening

Is anyone in the household allergic to pets? Yes No

How would you describe your household? Active Noisy

Average Quiet

Who will be primarily responsible for the pet's care? Self Parents

Children Other _____

Do all family members agree about this adoption? Yes No

Dog Care Plans

Why do you wish to adopt a dog from the HSSC and for what purpose? _____

Who is your current veterinarian? Name, Address and phone number _____

Who do you plan to use as a veterinarian? _____

What will you do with your dog when you go on vacation? _____

What will you do with your dog if you move? _____

How much do you expect to spend on dog food, treats, daily care per month? _____

What type of regular veterinary care will you provide for your dog? _____

How will you help your new pet adjust to a new home environment? _____

How long do you think it will take for your new pet to adjust to your household? _____

What kind and how much exercise will you be able to provide for your dog? _____

What type of training do you plan to use to make your new pet feel comfortable in its new environment?

Do you plan to take your dog to obedience training? Yes No

If Yes, have you identified a trainer or program? _____

Pet History

Please list the pets you currently own and whether or not they are spayed/neutered:

Species _____ Sex ___ ___ Spayed/Neutered Species _____ Sex ___ ___ Spayed/Neutered

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Species _____ Sex ___ ___ Spayed/Neutered Species _____ Sex ___ ___ Spayed/Neutered

Please list the pets you've had in the past five years that you no longer have:

Species _____ Sex ___ ___ Spayed/Neutered What happened to them? _____

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Adoption Agreement For: _____

ID number _____

(Dog's name)

It is the right of the Humane Society of Schuyler County, as an adoption agency, to deny an adoption for any reason.

Adoption fee is due at the time of adoption.

In adopting this dog, I agree to keep the dog current in rabies vaccinations. Initials _____

If not already altered, I agree to have this pet spayed/neutered. Initials _____

If no, please state reason: _____

I can afford and agree to provide food and routine veterinary care for this dog. Initials _____

I see this dog as a lifelong commitment and family member Initials _____

If not, please think twice about this adoption!

I understand the above policies and I have answered the questions honestly and to the best of my knowledge.

Signature of Client

Date

HSSC Actions

Today's Date _____ Hold Until: _____ HSSC ID Number _____

Landlord Contacted (date) _____ Approved Denied

Adoption Decision (date) _____ Approved Denied

If denied, reason for denial: _____

Adoption Date: _____ Adoption Fee: _____

HSSC Staff Signature: _____

