



Adoption Application

Pet Name(s) _____
Pet ID # _____
Date _____ Confirmation _____
Landlord Check Date _____
Vet Check Date _____

Thank you! We can't tell you how much we appreciate you giving one of our beloved critters a second chance. We take good care of our animals, and we want to make sure they all find forever homes. So, when we ask you questions, please remember we are trying to make matches that will last a lifetime. With that in mind, please be honest and thorough when filling out this application.

Thank you again! We appreciate your time and patience.

In order to be considered for adoption, you must:

- Be 18 years of age
- Have the knowledge and consent of all adults living in your household
- If you rent, have proof of your landlord's permission to adopt an animal, including your landlord's name, telephone number and a copy of your lease
- Understand that CVHS expects all animals to be returned to CVHS in the event you are unable to continue care for the animal adopted
- Understand that CVHS has the right to deny or accept an adoption application at their discretion.

Completed applications may be faxed to: (319) 365-8270
or emailed to: info@cvhumane.org

About You:

Applicant Name(s): _____ Email: _____

Address: _____ City, State, Zip: _____

Phones: Home _____ Cell: _____ Work: _____

Are you in school full time? YES NO

Are you unemployed? YES NO

Do you work more than 30 hours per week? YES NO

About Your Household:

Are all household members aware of your plans to adopt? YES NO

Please provide the following information about your household:

Number of adults: _____ Number of Children: _____ Children's Ages: _____

Is anyone in your family allergic to animals? YES NO

If yes, please explain: _____

In what type of home do you live? HOUSE DUPLEX APARTMENT

LIVE WITH PARENTS/GUARDIAN LIVE IN ROOMMATE'S HOUSE

CONDO/TOWNHOUSE MOBILE HOME-RENT LOT MOBILE HOME-OWN LOT

Do you currently: RENT OWN

Landlord's Name _____ Phone: _____

Does your landlord allow pets? YES NO DON'T KNOW

Pet Deposit Required? YES NO Monthly rent increase? YES NO

Comments:

About the Pet:

Do you want this pet for: (Circle all that apply)

COMPANIONSHIP PROTECTION GIFT OTHER_____

This pet will be *without* human companionship for about____hours per day, ___days per week.

Where will your pet be kept during the day? (circle all that apply)

INDOORS OUTDOORS DOG PEN CRATE BASEMENT GARAGE
OTHER_____

Where will your pet be kept during the night? (circle all that apply)

INDOORS OUTDOORS DOG PEN CRATE BASEMENT GARAGE
OTHER_____

How do you plan to exercise your new dog or cat? _____

How do you plan to housetrain your dog? _____

What do you feel is a reasonable amount of time to exercise/play with your new dog or cat each day?_____

Do you plan to let your cat outdoors? YES NO If yes, how often?_____

Do you prefer a declawed cat? YES NO

Do you have a fenced yard? YES NO

If yes, please describe the height and type: _____

Do you realize that a dog or cat may live 15 years or more? YES NO

What will you do with your pet(s) if you move in the future? _____

What problems or situations would make you get rid of a pet? _____

To help solve behavior issues are you willing to crate your pet/go to obedience classes? YES NO

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. How do you plan to help your new pet adjust?

Your Experience with Pets:

What type(s) of pets do you own now or have owned in the last 10 years?

Name	Type/ Breed	Age	Sex	Spayed/ Neutered		Declawed		Still Own?		If no, why?
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	
				YES	NO	YES	NO	YES	NO	

Who was your veterinarian for the above animals?

Name: _____ Phone: _____

What veterinarian will you use for the animal(s) applied for?

Name: _____ Phone: _____

Are all of your existing pet's vaccinations current? YES NO

If no, why not? _____

Have you ever had to give up a pet? If yes, please explain: _____

Comments:

- YES NO Have you applied to adopt from CVHS before?
- YES NO Would you object to our verifying the above information?
- YES NO Would you object to a representative of CVHS visiting your home or as a follow up visit?
- YES NO Are you prepared to care for this pet for the rest of his/her life?
- YES NO Do you agree to have the pet examined by a veterinarian within (5) business days?
- YES NO Do you agree to have the pet examined and vaccinated by a veterinarian annually against infectious diseases?
- YES NO Do you agree to provide humane care - proper food, water and shelter?
- YES NO Do you agree to provide the pet with regular preventative care and immediate treatment by a licensed veterinarian if ill or injured?
- YES NO Routine health care can cost up to \$300 annually and emergencies are often over \$1000. Are you willing and able to provide this level of care if necessary?

By signing below, I certify that:

- The information I have given is accurate and true.
- I understand that misrepresentation may result in the loss of adoption privileges, and the loss of any adoption fee refund if I return the pet.
- I understand that CVHS has the right to deny my application.
- I authorize my veterinarian/landlord to release information requested by CVHS.
- I agree to bring the pet back to CVHS in the event I can no longer care for the animal.

Signature: _____ Date: _____

CVHS Representative Initials: _____

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