irier2012.gmail.comName of pet you would like to adopt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Alternate pet (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Application & Consultation Form**

Welcome to the CHEQUAMEGON HUMANE ASSOCIATION! The consultation process is designed to help us determine if the adoption is the best possible fit for both the animal and your lifestyle. Our number one concern is finding a permanent, loving home for every cat and dog.

In order to adopt, these conditions apply:

* You must be 18 years of age or older
* Have both knowledge and consent of present landlord if you rent
* Be able and willing to spend both the time and the money necessary

to provide training, medical treatment, and proper care for a pet

ABOUT YOUR HOME Please complete this section for the household in which your cat/dog will reside.

**Type of residence: □ house □ condo □ mobile home □ boarding house**

 **□ dormitory □ apartment**

 **Do you: □ own □ rent □ live w/ parents □ other**

**If you are a renter, does your landlord/association allow cats/dogs?  □ Yes □ No
    Name of Landlord or Association:
    Phone number:

How long have you lived at this address:
How many times have you moved in the past five years?**

ABOUT YOUR FAMILY

**1. How many adults live in this household?
    How many children live in this household?        Ages of children in this in household?
    Number of children who visit?   Ages of children who visit?
2. Are all members of your household in agreement about adopting a cat/ dog?
3. Is anyone in your household nervous or unsure around cats/dogs?
4. Who will be the primary caregiver for this animal?**
**Who will be financially responsible for this animal?**
**5. Do any members of your household have asthma, or have allergies to cats/dogs?**
**6. Describe your household activity/noise level:**

**7. How many hours would the cat/ dog be alone during the day?**
    *(Please consider what time you leave for work and what time you return home)*

ABOUT YOUR CURRENT PET(S)

**1. If you have a cat, does it get along with cats/dogs?**

**2. If you have a dog, does it get along with other cats/dogs?**

**3. What veterinary hospital do your animals go to?**
    **May we call to verify vaccinations and spay/neuter status?**

**4. Are you experiencing any difficulties with your current pets in terms of health or**

 **behavior?**  **If yes, please describe:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Species/Breed** | **Age** | **Gender** | **Spayed/ Neutered** | **Had how long?** |  **Up-to- dateon vacc’s?** |
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PET HISTORY

**1. Have all of your family members been around cats/dogs?**

**2. Have you had the experience of being primary caregiver to a cat/dog?**

**3. Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it?**

**4. Have you ever had a pet for a short period of time and it didn't work out?**

**5. Have you had a dog that gave birth?**

|  |
| --- |
| **Pets owned over the past 10 years:** |
|  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Species/Breed** | **Spayed/Neutered** | **Owned how long?** | **What happenedto this pet?** | **How long ago?** | **Vet you used?** |
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PLANS FOR YOUR NEW PET

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| --- |
| **1. Will the dog live:** |
|   | **Indoors mostly/Outdoors for elimination and exercise** | **Outdoors only** |
|   | **Outdoors mostly/Indoors on occasion** | **Not sure** |

**2. Where will the dog be when nobody is home?**
    **Indoors**     **Outdoors**     **Either Indoors or Outdoors**

**3. Do you have a fenced yard?**

**4. Are you aware that some dogs require a period of weeks or even months
    to adjust to their new home/enviroment/family/other pets?**

|  |  |
| --- | --- |
| **5. Are you willing to allow for this adjustment period?** |  |
|   | **Yes** | **No, I prefer a pet who will adjust quickly** | **Not sure** |

**6. Are you willing to bring your pet to a veterinarian for yearly exams, and for
    vaccinations per your veterinarian's recommendations?**

**7. Are you able/willing to pay for pet expenses including veterinary care, supplies, toys,
      boarding/pet sitting, emergency care, grooming, food, etc.?**

**8. Are you able to commit to providing a home for a animal for the life of the animal?**

**9. Would you be willing to pay for obedience or behavioral sessions?**

PREFERENCES

**1. I prefer a cat/dog that is:   □ Small □ Medium** **□ Large □ Any size**   **□** **Male □ Female □ Either**

**2. Reasons for adopting:  □ Companionship □ Watch dog □ Other**

**3. Energy level preferred:   □ High** **□ Medium □ Low**

|  |
| --- |
| **4. I intend to (circle all that apply):** |
|   | **Walk dog on a leash** | **Walk dog off leash** |
|   | **Bring dog to a dog park** | **Hunt with the dog** |
|   | **Go jogging or hiking with the dog** | **Let the dog exercise himself in the yard** |

|  |
| --- |
| **5. I prefer a cat/ dog who is (circle all that apply):** |
|   | **Adult** | **Senior** | **Puppy/Kitten** |
|   | **Male** | **Female** | **Spayed/Neutered** |
|   | **Indoor only** | **Indoor/outdoor** | **Outdoor only** |
|   | **Mellow/quiet** | **Lap cat/dog** | **Protective** |
|   | **Very active/energetic** | **Mainly an outdoor dog** | **Happy to meet new people** |
|   | **Hypoallergenic** | **Likely to be housetrained** |

**6. Please share with us anything you would like for us to know about the
      new cat/dog that you would like to add to your family:**

**Please provide three personal references:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Phone number** |

**By signing below you certify that you understand the following**:

* CHA reserves the right to refuse any adoption application.
* The information contained within this application is accurate and not misleading in any way.
* CHA reserves the right to contact any individual on this form including veterinarian & landlord.
* CHA cannot guarantee the long-term health or temperament of any animal.
* CHA **will not consider any incomplete applications**. Please make sure all questions are answered and ask a staff member for clarification if necessary.

**NAME (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAFF COMMENTS (REQUIRED) – Be sure to document all conversations or phone messages relating to this application.**

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