

# ADOPTION APPLICATION

→→→Animal Haven takes multiple applications on each animal←←←



Animal(s) Names: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

200 Centre Street, New York, NY 10013

Adoption Fees:	
Dog	\$295
Puppy over 4 months	\$395
Puppy up to 4 months	\$450
<i>(plus \$8.50 for the NYC dog license)</i>	
Cat	\$175
Kitten	\$200
2 Kittens	\$300

1. How did you find out about Animal Haven? \_\_\_\_\_

2. What is your occupation? \_\_\_\_\_

3. Do you live in a : House  Apartment  Condo/Coop

4. Does your home allow dogs and/or cats? Yes  No  Not sure

Restrictions: \_\_\_\_\_

5. What kind of pet would you like to adopt? Dog  Cat  Puppy  Kitten

6. You are adopting for: Self  Gift  Family

7. Please list all of the pets you have had in the last 10 years and the pets that you have now:

<u>Dog/Cat</u>	<u>Name</u>	<u>Sex</u>	<u>Breed</u>	<u>Age</u>	<u>Spayed/Neuter</u>	<u>Inside/Outside</u>	<u>If no longer have, why?</u>
----------------	-------------	------------	--------------	------------	----------------------	-----------------------	--------------------------------

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

8. Who is your veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

9. If you have a cat, is she/he declawed? \_\_\_\_\_

10. How many people live in your household? Adults \_\_\_\_\_ Children: \_\_\_\_\_ Ages: \_\_\_\_\_

11. What is their relationship to you? \_\_\_\_\_

12. Does anyone in your household have allergies? \_\_\_\_\_ If so, what type? \_\_\_\_\_

13. Do you work? \_\_\_\_\_ What hours? \_\_\_\_\_ Spouse/Roommate hours: \_\_\_\_\_

14. Please provide the name and phone number of a personal reference

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

15. Would you be willing to take this animal as early as within two days? Yes  No

16. Have you previously adopted from Animal Haven? Yes  No

17. Have you ever been convicted of a felony? Yes  No

18. May we see a government-issued photo ID? Yes  No

## QUESTIONS FOR PEOPLE WANTING TO ADOPT A DOG/PUPPY

- Check all the reasons for wanting to adopt a dog/puppy: (check all that apply)  
Guard Dog     Hunting     Watch Dog   
Breeding     Companion     Company for another pet
- Do you have a fenced yard? \_\_\_\_\_ How high? \_\_\_\_\_ Feet
- If you live in an apartment, do you have a balcony? Yes     No     N/A
- Where will your dog live? Outside     Inside     Both
- The dog will be outside: (check all that apply)  
When I'm at work     Only for elimination     Only when I supervise   
½ hour at a time     For several hours     Never
- When your dog/puppy is outside, she will be: (check all that apply)  
In a fenced yard     In a dog house     In invisible fencing   
Chained     Walked on a leash     Allowed to run free   
On a cable run     Local dog park
- What kind of collar will your dog/puppy be using: (check all that apply)  
Shock Collar     Prong Collar     Martingale     Harness   
Choke Collar     Everyday Collar     No Collar
- This dog may not be completely house-trained. Are you willing work with the dog?    Yes     No
- Are you willing to get the dog/puppy training classes?    Yes     No

## QUESTIONS FOR PEOPLE WANTING TO ADOPT A CAT/KITTEN

- Check all the reasons for wanting to adopt a cat/kitten: (check all that apply)  
Mouser     Companion     Company for another cat   
Breeding     Shop cat
- Do you plan to declaw? \_\_\_\_\_ Why? \_\_\_\_\_
- Do you have screened windows?    Yes     No
- If you live in an apartment, do you have a balcony?    Yes     No
- The cat will live:    Outside     Inside     Both



Before handing in the application, make sure you speak with our staff about any **possible** behavioral or medical conditions that the animal you're applying for might have.

I understand that \_\_\_\_\_ currently has \_\_\_\_\_.  
(animal's name) (possible condition)

He or she will need: \_\_\_\_\_  
(training / medication / treatment)

Your Initials: \_\_\_\_\_    Witness: \_\_\_\_\_    Date: \_\_\_\_\_  
(AH representative)

**I hereby affirm that I have given true and accurate information on this application. And, I acknowledge that Animal Haven Staff may or may not contact me if I am not approved for this adoption due to high volume of applicants.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ANIMAL HAVEN RESERVES THE RIGHT  
TO REFUSE ANY ADOPTION**