



## ADOPTION APPLICATION

### WELCOME To WAG, We Are Animal Guardians

Thank you for considering adopting a pet from WAG. We sincerely hope that we may be of assistance to you. Please read the entire front page, indicate that you have read it by signing at the bottom, and complete the attached application. The application is designed both to determine if adoption is in the best interest of the animal and to assist you, as the potential adopter, in finding an animal that is suitable to your lifestyle. We hope you understand that the animal's welfare is our primary consideration.

The animals for adoption from WAG are from various sources. They may have been strays, abandoned, or reluctantly given up by their former owners. **While we make every attempt to screen all incoming animals for health and temperament problems, frequently we have no background information or cannot verify the information provided to us regarding these characteristics. Thus, as with any shelter or humane organization, there is some risk in adopting an animal from WAG.** All animals adopted from WAG receive the proper vaccinations and are wormed, if necessary. However, certain types of problems may not demonstrate themselves during the time which the animal's adoption is pending. **For these reasons, we cannot guarantee the health or temperament of any animal.**

Some of the animals placed by WAG have been abused or neglected. As a potential adopter, please be aware that most animals up for adoption will need an abundance of patience, understanding, time, and training to make them agreeable companions. If you are not able or willing to provide the extra amount of effort needed to give a homeless animal a permanent and loving home, please consider purchasing an animal from a breeder or other private source.

In order to adopt an animal from WAG, you must:

- Be 21 years of age or older;
- Have identification showing your present address;
- WAG appreciates a minimum donation of, (Dog - \$150, Cat - \$50);
- If renting, have the knowledge and consent of your landlord or the person owning the premises where the animal will be kept;
- Understand that all fees are non-refundable;
- Understand that WAG has full authority to approve or deny your adoption application; and,
- that WAG reserves the right to verify all information submitted on the application including veterinary information

### I HAVE READ AND UNDERSTAND THE ABOVE

Signed: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**PLEASE ANSWER ALL APPLICABLE QUESTIONS AS THOROUGHLY AS POSSIBLE**

**Type of dog or cat desired:**

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Size: \_\_\_\_\_ Age: \_\_\_\_\_ Coat Type: \_\_\_\_\_

**Activity Level of Pet:**

Very Active: \_\_\_\_\_ Somewhat Active: \_\_\_\_\_ Not Active: \_\_\_\_\_

**Training Level of Pet:**

Completely Trained: \_\_\_\_\_ Somewhat Trained: \_\_\_\_\_ Not Trained: \_\_\_\_\_

**Do You:**

Rent Apartment: \_\_\_\_\_ Rent House: \_\_\_\_\_ Own House: \_\_\_\_\_ Other: \_\_\_\_\_

**If you rent, include Landlord's name, address and phone number:**

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

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

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

If you were forced to move, what would you do with your pet? \_\_\_\_\_

How many hours during the day will your pet be left at home alone? \_\_\_\_\_

What do you plan to do with your pet during those hours? \_\_\_\_\_

If there are children in your household, what are their ages? \_\_\_\_\_

Who will be primarily responsible for the care of this animal? \_\_\_\_\_

Does anyone in your household have allergies that may be affected by a pet? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Why do you want this type of pet? Companion: \_\_\_\_\_ Guard: \_\_\_\_\_ Gift: \_\_\_\_\_ Hunting: \_\_\_\_\_

Other (explain) \_\_\_\_\_

Where will this animal spend most of its time:

During Day: \_\_\_\_\_

At Night: \_\_\_\_\_

Do you have a fenced-in yard? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, how would you confine a dog? \_\_\_\_\_

Are you able and willing to commit the time, effort, and money necessary to housebreak and obedience train a dog to be an agreeable household pet? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Your new pet will require a period of adjustment of at least two months. Are you willing to allow this time for the pet to adjust? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Do you have a veterinarian now? Yes:\_\_\_\_\_ No:\_\_\_\_\_

**If yes, please provide a name, address and phone number:**

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

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

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

Do you understand that owning a pet can cost \$400-\$800 per year? Yes:\_\_\_\_\_ No:\_\_\_\_\_

What will you do if your present pet does not get along with your new pet?

\_\_\_\_\_

Do you object to having a WAG member visit you and your pet? Yes:\_\_\_\_\_ No:\_\_\_\_\_

**Please list the animals that you have owned most recently**

None:\_\_\_\_\_

1. Pet Name:\_\_\_\_\_ Dog:\_\_\_\_\_ Cat:\_\_\_\_\_

Spayed/Neutered? Yes:\_\_\_\_\_ No:\_\_\_\_\_ Where Kept? Inside:\_\_\_\_\_ Outside:\_\_\_\_\_

Age:\_\_\_\_\_ What happened to that pet?\_\_\_\_\_

2. Pet Name:\_\_\_\_\_ Dog:\_\_\_\_\_ Cat:\_\_\_\_\_

Spayed/Neutered? Yes:\_\_\_\_\_ No:\_\_\_\_\_ Where Kept? Inside:\_\_\_\_\_ Outside:\_\_\_\_\_

Age:\_\_\_\_\_ What happened to that pet?\_\_\_\_\_

*If there is any additional information you feel WAG should know about your home, family or pets, please write it on the back or on a separate piece of paper.*

How did you hear about WAG?\_\_\_\_\_

Are you a member of WAG? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If not, are you interested in membership information? Yes:\_\_\_\_\_ No:\_\_\_\_\_

I certify that the above is true and that any false statements may result in nullifying this adoption. I further understand that this application is the property of WAG and will be retained by them.

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

*Please return the completed application to WAG - PO Box 572 - Weare, NH 03281 or, you may fax it to (603)369-4651.*