

The Valley Animal Center

3934 N. Hayston Avenue • Fresno CA • 93726 • 559-233-8554

Dog Adoption Application

Dog: _____

Date: _____

Adopter Name: _____

Co-Adopter Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

How long have you been at this address? _____ Rent Own

Name of Landlord/Manager: _____

Landlord Address: _____ Phone: _____

Do you have a secure, fenced yard? Yes No How large is the yard? _____

Will you keep the dog Inside Outside Both If you move will you take the dog with you? Yes No

Adopter Employer: _____

Other sources of income: AFDC Alimony/Child Support Disability/Pension Unemployment Other

Co-Adopter Employer: _____

Other sources of income: AFDC Alimony/Child Support Disability/Pension Unemployment Other

Is this pet for you? Yes No If not, for whom? _____

Have you ever had a pet? Yes No If yes, what kind? _____

Do you still have the pets? Yes No If not, why? _____

Are your pets altered? Yes No If not, why? _____

Do you have any known allergies to dogs? Yes No Do you suffer from asthma? Yes No

Are you a frequent traveler? Yes No If yes, how often? _____

Do you have children? Yes No If yes, what ages? _____

Children may be scratched or bitten by a pet (especially a playful puppy). If your child does receive a scratch or bite, will this be a reason for you to return the animal to the shelter? Yes No

Veterinarian: _____ Phone: _____

Are you financially able and willing to give the dog any medical care it may need? Yes No

The life span of a dog may be up to 15 years. Are you prepared to care for this dog for its natural life? Yes No

Do you have someone who will care for the dog if you are unable to? Yes No

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

If the adoption of this dog/puppy does not work out for any reason, I agree to return the dog/puppy to the Valley Animal Center. _____ (Please initial).

Applicant Signature

Co-Applicant Signature

How did you hear about us? Classified ad Yellow Pages Pet store Friend Vet office Other _____

Adoption Counselor: _____
name

Application Approved: _____
initials date

Application Rejected: _____
initials date

Manager Reviewed: _____
initials date