



3934 North Hayston Avenue • Fresno CA • 93726 • (559) 233-8717  
 Email: dogs@valleyanimal.org

## PRE-DOG ADOPTION APPLICATION

**Dog:** \_\_\_\_\_

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

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

Co-Adopter Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (Required)

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?  SM  MD  LG

Will you keep the dog:  Inside  Outside  Both

If you move, will you take the dog with you?  Yes  No

Adopter Employer: \_\_\_\_\_

Other source of income:  AFDC  Alimony/Child Support  Disability/Pension  Unemployment  
 Other If other, please explain: \_\_\_\_\_

Co-Adopter Employer: \_\_\_\_\_

Other source of income:  AFDC  Alimony/Child Support  Disability/Pension  Unemployment  
 Other If other, please explain: \_\_\_\_\_

Is this pet for you?  Yes  No If no, for whom? \_\_\_\_\_

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

Do you still have the pets?  Yes  No If no, why? \_\_\_\_\_

Are your pets spayed or neutered?  Yes  No If no, why? \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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 you or a child does receive a scratch or bite, will this be a reason for you to return the animal to the shelter?  Yes  No

Would normal wear and tear on household items be a reason to return this 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 for any reason?  Yes  No

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

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

The Adopter hereby understands and agrees that any and all fees charged for the adoption of this animal are **NON-REFUNDABLE**. The Adopter also understands and agrees that if any animal adopted from the Valley Animal Center is not compatible in their household or does not work out for any reason, the animal may be returned within 30 days of the date of this contract. If the Adopter found that this animal was incompatible, but would like to exchange it for another animal, the animal may be exchanged within 30 days of the contract, pending approval. The Adopter understands that they are only allowed to make a one-time exchange. \_\_\_\_\_ (Please initial)

After the 30 day period has expired, the Adopter may return the animal to the Valley Animal Center only upon approval from the Shelter Manager and with the requirement of a surrender fee, to be determined by the Shelter Manager. \_\_\_\_\_ (Please initial)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

How did you hear about us?

VAC Website  Facebook  Twitter  Friend

Vet office  Other, please specify: \_\_\_\_\_

Adoption Counselor: \_\_\_\_\_

Name

Application Approved: \_\_\_\_\_

Initials

Date

Application Rejected: \_\_\_\_\_

Initials

Date

Manager Review: \_\_\_\_\_

Initials

Date