

Animal Friends of North Central West Virginia (AFNCWV)

Dog Adoption Application - PLEASE PRINT CLEARLY

Dog's Name: _____ A.F.# _____ Date: _____

Adopter's Information _____ Over 60 years old? _____ Under 21?

Name _____ Phone _____

Address _____ Alt Phone _____

_____ Email _____

Household Information

Do you: Own _____ Rent _____ Live with parents _____

If you rent, please provide your landlord's name **and** phone number:

Please list all the human members of your household:

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What pets do you currently have?

Type of pet	Breed	Age	Spayed/ Neutered	Length of Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are your current pets up to date on their vaccines: _____

Is this your first dog? Yes _____ No _____

How many dogs have you owned before? _____

What happened to these dogs? _____

Why do you want this dog? _____

Will this dog live _____ indoors or _____ outdoors? If indoor, will it have ..
outdoor access? _____ If so, what type of access? _____

Do you have a fenced yard? _____

How many hours per day will this dog be alone? _____

Are you familiar with feeding requirements for a dog/puppy? Yes _____ No _____
Will you crate this dog? _____ How many hours per day? _____
How will you exercise this dog? _____
If this dog needs to be housetrained, will you train it? _____
Will you take this dog to training classes if necessary? _____
What will you do with this dog if you can no longer keep it?

Who is/was your veterinarian: _____
For how long: _____ Phone _____
Street Address: _____
City: _____ State: _____ Zip: _____

If this is your first pet, we require that you find a veterinarian, set up an account, and schedule a new pet appointment in order for your application to be considered.

Are you financially prepared to give this dog BOTH routine and emergency medical care? Yes _____ No _____

Would you object to a visit or call from us to see how you and your new dog are doing? Yes _____ No _____

-If yes, why? _____

Personal reference name and phone number (no family or significant other):

_____ Relationship: _____

My signature below certifies that the above information is true and correct.

Once this animal leaves AFNCWV property, you the adopter are solely responsible for that animal, its veterinary expenses, and its actions.

Print Name

Date

Signature

It is the right of AFNCWV to refuse adoption to anyone for any reason.

Application Reviewed by: _____

Approved _____ Denied _____ Date _____