

Venango County Humane Society

286 South Main Street Seneca, PA 16346

Phone: 814-677-4040

STAFF USE ONLY	
Name of adoptee(s)	_____

Status	_____

Pre-Adoption / Adoption Application

Today's Date _____ Time _____

Name (please print) _____

Street Ad _____

City _____ State _____ ZIP _____

Home Phone # _____ Work Phone _____

Your Age _____ E-Mail _____

Who is this pet being adopted for? _____

DAY to DAY CARE

1. How many hours per day will this pet be left alone? _____
2. Where will your pet be kept during the day? _____ Night? _____
3. How much do you anticipate spending yearly to feed, vaccinate, license (if needed) and provide medical care for your pet? _____
4. A dog or cat may live **15 years or more**. Are you willing to make this time commitment? **Yes** ___ **No** ___
5. It may take your new pet **two or more weeks to adjust** to its new home, **especially** if other pets are involved! Are you prepared to allow at least this much time? **Yes** ___ **No** ___
6. How do you plan to house train your dog if housetraining is needed? _____

HOUSEHOLD INFORMATION (required)

Where do you live? House _____ Apt. _____ Other _____

Do you: Own? _____ (Copy of real estate tax bill **OR** proof of mortgage payment – **required!**)

Do you: Rent? _____ Live with parents / family / friends? _____

Landlord / Parent / Other Name (**required**) _____ Phone _____

How long have you lived at this address? _____

Do they allow pets? **Yes** ___ **No** ___ Is a pet deposit required? **Yes** ___ **No** ___

Do you have a fenced in yard? **Yes** ___ **No** ___ Height and type _____

Number of adults in home? _____ Ages of adults? _____

Number of children in home? _____ Ages of children? _____

Is anyone in the home allergic to animals? **Yes** ___ **No** ___ Dogs or cats? _____

Household Information (continued)

Do you **currently** have or **have you ever had** a pet in your home? Yes ____ No ____

TYPE (dog,cat,bird,etc)	NAME of pet/age	TYPE (dog,cat,bird,etc)	NAME of pet/age

Are your pets spayed / neutered? Yes ____ No ____ If not, why? _____

Are your current pets up-to-date on rabies vaccinations? Yes ____ No ____

Are your current pets properly licensed? Yes ____ No ____

What will you do with your pet(s) if you should move in the future? _____

VETERINARIAN INFORMATION (required)

Who **is** or **was** your **veterinarian(s)** for your animals? (***Required***)

Name of Veterinarian / Clinic _____

Address of Vet / Clinic _____

City _____ **State** _____ **ZIP** _____

Phone # _____

******Name of account holder at vet** (***Required***) _____

I hereby grant the Venango County Humane Society permission to contact my landlord, parent, or other party(s) to verify that pets are permitted, and the length of time I have lived at this location. I further grant permission to contact the above named veterinarian for verification of an account with them, the most recent date(s) the animals(s) were treated, and that all vaccinations are current.

The Venango County Humane Society reserves the right to refuse adoptions at our discretion.

Your signature _____ **Date** _____

STAFF USE ONLY

Landlord / Parent(s) / Other Checked: Yes ____ No ____ Date _____

Name of person spoken with: _____

Approved? Yes ____ No ____ Restrictions? _____

Veterinarian checked: Yes ____ No ____ Person spoken with _____ Date _____

Comments/remarks: _____

