Venango County Humane Society
286 South Main Street, Seneca, PA 16346 | 814-677-4040
venangocountyhumanesociety@gmail.com | Fax 814-677-7441

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 # _____ **Cell/Work Phone** _____

Your Age _____ **E-Mail** _____

DAY TO DAY CARE

1. How many hours per day (approximately) 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. If interested in adopting a cat or kitten, are you intending to have the animal declawed? **Yes** ____ **No** ____
5. How do you plan to house train your dog if housetraining is needed? _____
   _____
6. A dog or cat may live **15 years or more**. Are you willing to make this time commitment? **Yes** ___ **No** ___
7. What are your contingency plans for this pet in the event of severe injury, illness, or end of life? **(to YOU)**
   _____
8. 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** ____

HOUSEHOLD INFORMATION (required)

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

How long have you lived at this address? _____

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

OR Rent? ____ Landlord name (***required***) _____ Phone _____

OR Live with family/friends? ____ Name (***required***) _____ Phone _____

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? _____

*** ***CONTINUED ON BACK*** ***

Household Information (continued)

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

If you have no current pets, *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 (dogs only)? 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

Meet and Greet Release Agreement

I, the undersigned, do hereby **agree** to release the Venango County Humane Society, its staff, management, and board of directors for any damage, illness, or injury sustained from the meet and greet. I hereby release the Venango County Humane Society from any liability regarding, but not limited to, any damage, loss, or injury to person, property, or both resulting from the contact with any animal located at or in the custody or control of the Venango County Humane Society.

Printed Name _____

Your signature _____ **Date** _____

Anima(s) visited with: _____