

# DOG ADOPTION APPLICATION

## SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY

**P.O. Box 493, Chaska, Minnesota 55318 952-368-PAWS (7297)**

**Please take time to accurately complete the application . Thank you.**

Welcome to Southwest Metro Animal Rescues Adoption Program. Each question on this application must be completed in as much detail as possible. Incomplete applications will not be considered. A copy of our return/exchange policy is on the reverse side of this application.

Date _____ Name _____	
Marital Status:    Single _____    Married _____    Engaged _____	Name of Spouse _____
Address _____	
City _____	State _____ Zip _____
Daytime Phone #(    ) _____	Evening Phone # (    ) _____
Drivers License # _____	
Are you under 21 years of age?    Yes _____    No _____	If Yes, what is your age? _____
E-mail address _____	

Residence: (check one)    _____ House    _____ Condo    _____ Apartment    _____ Hobby Farm    _____ Mobile Home
Do you Own or Rent?    _____ Own    _____ Rent    If Rent, do you have permission from your landlord to have a dog?    Yes _____    No _____
Name of Landlord _____ Phone # (    ) _____
Are you planning on moving in the next year or so?    Yes _____ No _____    If yes, where and when? _____
Do you have children under the age of 18 living in the household?    Yes _____ No _____    If yes, list their ages _____
If you have children, list all activities they are involved in outside of the home, such as sports, etc. _____
If you have children, what has been their exposure to dogs?    None _____    Some _____    A lot _____    Small dog _____    Large dog _____
<i>Excluding</i> children, spouse and applicant, list any other residents living in the household
Name (s) _____ Relation _____
Is everyone living in the household aware of the decision to adopt a dog?    Yes _____    No _____    If not, list their name (s) _____
Who will be the person responsible for the daily care of the dog such as feeding and exercise? _____
What is the activity level of your household?    _____ Quiet    _____ Active    _____ Very Active
Are you familiar with your local animal ordinances? (the number of pets allowed to reside in a household?) _____
Where will the dog be kept during the day when at work and/or away for the day? _____
Where will the dog be kept during the nighttime? _____
Crate uses:    No crate _____    Reluctant to crate _____    Crate if necessary _____    Will crate _____    Other _____
If planning to crate; how many hours will the dog be left alone in the crate? _____
Is your yard completely fenced?    _____ yes    _____ no    If yes, what type of fence? _____    Height _____
If no, do you plan to fence your yard?    Yes _____ No _____    If yes, when? _____
If not, how will you confine the dog to your property? _____
List all forms of exercise the dog would receive _____
Are you interested in an indoor or outdoor dog?    _____ Indoors    _____ Outdoors    _____ Both
If both, explain: _____

Would this be your first dog? Yes\_\_\_\_ No\_\_\_\_

What has been your experience with dogs? (check one) Had growing up\_\_\_\_ Have had one \_\_\_\_ Have had 2 or 3\_\_\_\_ Experienced\_\_\_\_

Describe your experience with dogs and what educational experience you have had with dogs. Be specific (i.e. training classes, books, volunteering etc.)\_\_\_\_\_

Please provide a description of how you would correct your new puppy/dog if it showed destructive or inappropriate behavior such as digging, jumping, chewing, etc.\_\_\_\_\_

Are you willing to attend basic dog obedience classes? Yes\_\_\_\_ No\_\_\_\_ (Basic obedience classes are reasonably priced and educate dog owners on basic obedience training, and at the same time give the dog understanding of basic commands. It benefits the dogs as well as the owner).

List all of the pets you have owned within the past 7 years:

PET #1 Dog\_\_\_\_ Cat\_\_\_\_ Spayed/Neutered? Yes\_\_\_\_ No\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Age\_\_\_\_\_

Housed: Indoors\_\_\_\_ Outdoors\_\_\_\_ Both\_\_\_\_ If both, explain\_\_\_\_\_

Do you still have this pet? Yes\_\_\_\_ No\_\_\_\_ If no, explain in detail what happened to the the pet\_\_\_\_\_

PET #2 Dog\_\_\_\_ Cat\_\_\_\_ Spayed/Neutered? Yes\_\_\_\_ No\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Age\_\_\_\_\_

Housed: Indoors\_\_\_\_ Outdoors\_\_\_\_ Both\_\_\_\_ If both, explain\_\_\_\_\_

Do you still have this pet? Yes\_\_\_\_ No\_\_\_\_ If no, explain in detail what happened to the pet\_\_\_\_\_

PET #3 Dog\_\_\_\_ Cat\_\_\_\_ Spayed/Neutered? Yes\_\_\_\_ No\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Age\_\_\_\_\_

Housed: Indoors\_\_\_\_ Outdoors\_\_\_\_ Both\_\_\_\_ If both, explain\_\_\_\_\_

Do you still have this pet? Yes\_\_\_\_ No\_\_\_\_ Of no, explain in detail what happened to the pet\_\_\_\_\_

**(If extra space is needed to list additional pets, use the bottom of this page and/or margin area)**

Have your own pets been introduced to other animals? Yes\_\_\_\_ No\_\_\_\_ If yes, how did they react?\_\_\_\_\_

Do you understand the steps required to properly introduce your new dog to the other animals currently living in your home? Yes\_\_\_\_ No\_\_\_\_

Are you willing to pay for and attend canine obedience classes if necessary to eliminate problems cited as reasons for behavioral issues? Yes\_\_\_\_ No\_\_\_\_

Did your previous pets and/or your current pets receive annual veterinary care? Yes\_\_\_\_ No\_\_\_\_

If yes, circle the routine care they receive routinely:

Cats:	PRC-C	Dogs:	DHPP-C	
	RABIES		RABIES	
	FELINE LEUKEMIA		HEARTWORM TEST	IF YES, MONTHLY PREVENTATIVE GIVEN? Yes____ No____
	TEST FOR PARASITES		TEST FOR PARASITES	

Name of attending clinic\_\_\_\_\_ Phone # Of Clinic\_\_\_\_\_

Name of Veterinarian\_\_\_\_\_ Who's name is listed on the account?\_\_\_\_\_

Are you aware of the annual routine vaccinations recommended for the health and protection of dogs? Yes\_\_\_\_ No\_\_\_\_

What is your occupation?\_\_\_\_\_

Spouses Occupation\_\_\_\_\_

How many hours will the dog be left alone?\_\_\_\_\_ On the average, how many evenings per week do you spend at home?\_\_\_\_\_

Are you and/or your family frequent travelers? Yes\_\_\_\_ No\_\_\_\_ If yes, explain\_\_\_\_\_

How much do you think it will cost to take care of this animal each year? (food, license, vet bills, major medical care if needed, etc.) \$ \_\_\_\_\_

What activity level are you looking for in a dog?

Calm (i.e. will sit on your lap and cuddle)       Semi-active (i.e. will require daily walks and medium level exercise, etc.)

Active (i.e. will require daily mental and physical stimulation, constant attention, jogs with owner, etc.)

Do you know if anyone living in the household is allergic to dogs? Yes  No  (answer the 2 following questions accordingly)

If no, if you discover that someone living in the household is allergic, or develops allergies, are you willing to spend additional money on allergy medications? Yes  No

If you know of someone living in the household that *IS* allergic to dogs, is that person currently on allergy medications? Yes  No

Are you prepared financially for emergency medical and/or major medical care for the pet? Yes  No   
(Please be aware that emergency and major medical care needed for dogs can be expensive)

What are your reasons for adopting a dog? (check all that apply)

Companion for me       Companion for other pet       Companion for Children       House pet       Gift

Watchdog       Guard Dog       Personal Protection       Hunting       Other \_\_\_\_\_

**IMPORTANT**

**READ RETURN-EXCHANGE POLICY ON THE REVERSE SIDE OF THIS APPLICATION BEFORE SIGNING**

**PLEASE READ CAREFULLY**

Although the screening process may seem excessively time-consuming, it is important to keep in mind that screening benefits potential adopters as much as it benefits the animals. Adoption screening increases the likelihood that you will adopt the animal that is right for you! Like humans, animals have unique personalities, backgrounds, temperaments and needs. Not every animal is appropriate for every home. Adoption applications and consultations are important tools in the decision making process. This form, along with a consultation with a SMARAS Representative are designed to help you find the dog most compatible with your lifestyle. SMARAS is responsible for helping potential adopters assess the compatibility of a companion animal.

I understand and accept that it is SMARAS's prerogative to decide which home is most appropriate for the individual dog, and therefore I will not take issue with the decision. Unless otherwise indicated by SMARAS, I may be considered for another dog.

**I HAVE READ THE ABOVE STATED APPLICATION CAREFULLY AND CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND TRUE.** I UNDERSTAND THAT OMISSION OF INFORMATION AND/OR FAILURE TO ANSWER ALL QUESTIONS AND SIGN THE APPLICATION CAN RESULT IN THIS APPLICATION BEING DECLINED. ALSO, IF AN OMISSION OR UNTRUTH IS DISCOVERED AFTER AN ADOPTION TAKES PLACE, I UNDERSTAND AND ACCEPT THAT SMARAS HAS THE RIGHT TO ANNUL THE ADOPTION AND RECLAIM THE DOG. I UNDERSTAND THAT IF THE PET IS RECLAIMED THERE WILL NOT BE A REFUND OF MONEY. I HAVE ALSO READ AND AGREE TO THE RETURN/EXCHANGE POLICY ON THE REVERSE SIDE OF THIS APPLICATION.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

SMARAS Representative \_\_\_\_\_ Date \_\_\_\_\_

-----**OFFICE USE ONLY BELOW THIS LINE**-----

Case # \_\_\_\_\_ Breed \_\_\_\_\_

Animal Name \_\_\_\_\_ SMARAS Representative \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **RETURN-EXCHANGE POLICY**

## **SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY**

- 1) Although every animal admitted to Southwest Metro Animal Rescue and Adoption Society (SMARAS) has been provided with a wellness exam by a veterinary clinic prior to adoption, we cannot guarantee the health of every animal, nor can we be held responsible for their behavior after adoption.
- 2) SMARAS provides a Medical Form for each pet adopted from our society listing all of the medical care the pet has received. Refer to this form for explanation of any and all medical treatments. Adopters are required to continue with ongoing veterinarian care for the life of the pet.
- 3) SMARAS offers a free wellness exam by a licensed veterinarian for every animal adopted within seven (7) days of adoption. A list of participating veterinarians will be provided.
- 4) When adopting a pet from SMARAS, you are agreeing to be responsible for any and all medical expenses for the adopted pet.
- 5) If you need to return the pet for **health reasons**, and you desire an exchange certificate, you may do so within ten (10) days from adoption, **if the wellness exam is done within seven (7) days of adoption**. An exchange certificate is applicable towards the exchange of an animal of equal or lesser value pending consultation with a SMARAS Representative to determine if the exchange pet is appropriate for the new home. We understand it may take time to find the appropriate pet for the household; therefore, exchange certificates will be valid for up to one (1) year from date of adoption.
- 6) To be eligible for an Exchange Certificate, you must provide SMARAS with the adopter's copy of the Adoption Agreement/Contract and valid picture identification. Only one Exchange Certificate can be issued per family.
- 7) No exchange certificate will be issued for reasons that should have been considered before making the decision to adopt a pet such as (but not limited to):

Allergies, existing or developed	Not wanted by spouse and/or children, etc.
Not enough time for pet	Digs holes in yard
Not Housebroken	Too playful for people and/or other pets
Moving, can't keep	Sheds too much in house
Scratches the furniture	Barks too much

The above listed reasons, as well as similar behaviors and situations, should be considered prior to adopting an animal. If you are not prepared to handle behavior issues that may arise, it is in your best interest (and the animals) to postpone adoption at this time. Should you decide to postpone the adoption at this time, or take some time to reconsider, SMARAS understands your decision and appreciates your honesty.

- 8) **If for any reason you are unable to keep the pet, health reasons or otherwise, adopter is required to contact SMARAS for the prompt return of the animal without making any charges of any kind for any liabilities. *This policy is required for the life of the adopted pet.***

### **THERE IS NEVER A REFUND OF MONEY**

YOUR SIGNATURE ON THIS APPLICATION INDICATES THAT YOU HAVE READ AND FULLY UNDERSTAND THE RETURN/EXCHANGE POLICY AND THAT YOU AGREE TO ABIDE BY THE POLICIES.