**HAMPSHIRE COUNTY PET ADOPTION PROGRAM (HCPAP)   
DOG APPLICATION FOR ADOPTION**

***PLEASE READ CAREFULLY:***

Please remember that adopting an animal is a SERIOUS commitment. Your new companion may take days, weeks or even months to settle into their new environment. Your commitment will require tons of attention and love. YOU are responsible for their life and providing them with proper care. Please initial/date this paragraph to acknowledge that you understand the previous statements.

**Initials**:

**Date**:

**NAME OF APPLICANT**:

**AGE OF APPLICANT**:

**EMAIL ADDRESS**:

***Please provide at least two valid phone numbers:***

***1.* HOME PHONE**:

**2. CELL PHONE**:

**3. WORK PHONE**:

**STREET ADDRESS**:

**CITY, STATE, ZIP**:

**Can you present current identification with your current address listed?**

***If you have not resided at the given address for at least 2 years, please provide previous address.***

**STREET ADDRESS**:

**CITY, STATE, ZIP**:

**EMPLOYER**:

**HOW LONG HAVE YOU WORKED THERE**?

1. **NUMBER OF PERSONS IN HOUSEHOLD:** 
   1. **ADULTS:**
   2. **TEENS:**
   3. **CHILDREN (over 2 years):**
   4. **INFANTS (2 years or less):**
2. **Have you ever adopted from HCPAP?** 
   1. **If yes, when?**
   2. **Do you still have the pet?**
   3. **If you adopted a puppy/kitten, have you taken them to a veterinarian for any reason? Please explain.**
3. **Please list all the companion animals you have been guardian to in the last 5 years:**

***If more space is needed please add the pets below the table.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF PET** | **NAME OF PET** | **AGE** | **SEX** | **SPAYED OR  NEUTERED** | **HOW LONG  IN YOUR  CARE?** | **PRIMARILY INSIDE OR OUTSIDE?** | **WHERE IS  THE PET  NOW?** |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M  F | YES NO |  | INSIDE  OUTSIDE  BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |

1. **What type of food do you feed your pet(s)?** 
   1. **Amount of food:**
   2. **How often do you feed?**
2. **Are your pets current on vaccinations**?
3. **If you have a dog(s), do they receive monthly heartworm medication**?
4. **If you have a dog(s), do they receive monthly flea/tick preventative?**
5. **If you have a dog(s), how do they generally behave with other dogs**?
6. **If you have a cat(s), have they been exposed to dogs**?
7. **Please list the Veterinarian(s) that care for and vaccinate your pet(s):**

**If you do not have any pets, what veterinarian do you plan to use for your new companion?**

1. **Vet Clinic:**
2. **City, State:**
3. **Veterinarian’s Name:**
4. **Phone Number:**
5. **Have you ever done any of the following: If yes, please explain.** 
   1. **Given away an animal**?
   2. **Lost an animal? (got loose, ran away, etc.)**
   3. **Stolen an animal**?
   4. **Surrendered an animal to a shelter or rescue group**?
6. **What type of housing do you live in**?

House Condo/Townhome Mobile Home Apartment Other:

1. **Do you own or rent your home**?

***If you rent, please give the name and telephone number of the landlord or rental agent so we may verify that pet guardianship is permitted.***

**>NAME**:

**>RENTAL AGENCY**:

**>PHONE**:

1. **Does anyone in your household have pet allergies**?
2. **Is someone home during the day? If yes, who**?
3. **How many hours will your new companion be alone**?
4. **Where will your new companion be kept during…**
   1. **The day:**
   2. **At night:**
   3. **When you travel:**
5. **Does your home have a yard?**
6. **Do you have a fenced yard?** 
   1. **If NO, are you willing to fence?**
   2. **If NO, are you willing/able to take your new companion on leash walks every day, several times a day?**
   3. **If YES, what type of fence, height and estimated size?**
7. **Do you have a doggy door or plan to get one**?
8. **How much time do you realistically have each day to exercise and play with your new companion**?
9. **Because it is very stressful for an animal to go from home to home, we hope to place each one in a caring home for the rest of his/her life, which could be 15 years or even more.**

**Are you prepared to make this commitment? Please explain your answer.**

1. **What will happen to the dog if you have to move**?
2. **What if you move to a place that does not allow pets**?
3. **Your new pet may take several weeks to fully adjust to you and your home. How would you ease the adjustment**? **Please explain**.
4. **What kinds of dog behavior do you find unacceptable**?
5. **How would you handle these kinds of behaviors? Please explain**.
6. **Do you “believe in” spaying and neutering? Please explain your answer**.
7. **How much do you estimate it will cost per year to vaccinate, feed and properly care for your new companion**?
8. **Why do you wish to adopt a companion at this time**? **Please explain**.
9. **What would cause you to return this dog to HCPAP**?
10. **How did you hear about our rescue**?
11. **If there is a certain dog(s) in our rescue that you are interested in, please put their name(s) here**:
12. **Please provide 2 references. (Please do not include relatives or your veterinarian)**

**Reference 1**

**NAME**:

**PHONE**:

**Reference 2**

**NAME**:

**PHONE**:

**PLEASE READ CAREFULLY**:

Completion of this application form does not guarantee that HCPAP will place one of our rescues in your care. Completion of this application authorizes HCPAP and/or a representative of HCPAP to verify any and all information contained herein, including verification of medical records or any present or prior pets in your care. All adoptions are at the sole discretion of Hampshire County Pet Adoption Program (HCPAP).

By signing this application, physically or electronically, I certify that all information is true and any false information may void this application. I also certify that this animal will reside with me at the given address in this application. I understand that I must return the dog(s) to HCPAP if the adoption was not a good fit, or I cannot continue providing proper care for the dog(s). I also understand that if the return is within 30 days of the adoption date, the adoption fee will be refunded. I understand that HCPAP is not responsible for any costs associated with the care of the dog(s) after the adoption date.

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APPLICANT and SOLE GUARDIAN of Animal to be Adopted Date