

The Animal Welfare Society Adoption Form

Animal interested in adopting: _____

_____ CAT

_____ DOG

Your Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Spouse/Partner Name: _____

Number of/Names/Ages of other adults in the home:

Email Address: _____

DOB: _____ ID/Drivers License # _____

Do you: __Own? __Rent? __Home? __Condo? __Mobile? __Apartment?

If you rent, does your lease allow pets? __Yes __No

How long at current address? _____

Name and phone number of landlord: _____

Do you have a fenced in yard? __Yes __No

What is the height of your fence? _____

Do you plan on moving in the foreseeable future? __Yes __No

How many children are in the home and ages?

Where else have you applied for an animal?

Do you currently have any other animals? If so, what kind?

Name of your Veterinarian/Phone number (Currently Using/or Previously Used). Which Vet will AWS be able to call in order to obtain your current/past animals' records? _____

Why do you want to adopt? _____

Please list any animals you have had?

Have you ever had to relinquish an animal? If so, why?

Do you or anyone else in the household have allergies to animals? ___Yes ___No

What would cause you to return an animal? Please check all that apply.

___Can't housebreak the animal

___Pet chews on furniture or is destructive

___Pet bites someone

___New pet doesn't get along with existing pet(s)

___Pet proves to be too much on top of caring for children

___Pet develops a serious medical condition that I can't afford to treat.

___Too much energy, too hard to control

___Change in relationship, new love interest doesn't like animal.

___Give birth to new baby, fear that the animal will harm him or her.

___New job

☐ Move and new place does not allow animals

☐ Need to move due to employment and cannot take animal.

☐ Other

(IF ADOPTING A CAT)

Are you a first time Cat owner? ☐ Yes ☐ No

Where will the animal be kept ☐ Inside ☐ outside or ☐ both

How many hours a day will the animal be alone?

What is your work schedule? Days? Hours?

Year round employment or seasonal?

Is everyone in the home in agreement to adopting this animal? ☐ Yes ☐ No

Does anyone in the home have allergies to CATS ☐ Yes ☐ No

If you are no longer able to keep the animal you adopt, do you agree that you must return the animal to the Animal Welfare Society? ☐ Yes ☐ No

(IF ADOPTING A DOG)

Are you a first- time dog owner? ☐ Yes ☐ No

What type of dog are you looking for? (Energy level); (age); (gender)

What are you looking for in a dog?

What is your lifestyle/energy level? Active/high energy? Average? Low energy? (explain)

Where will the animal be kept while you are away? ☐ crate ☐ outside ☐ inside

When the animal is outside, what will you do with the animal? How will the animal be kept outside?

How many hours will the dog be kept outside? _____

What is your work schedule? Days? Hours? _____

Year round employment or seasonal? _____

How many hours a day will the animal be alone? _____

Is everyone in the home in agreement to adopting this animal? ☐ Yes ☐ No

Does anyone in the home have allergies to DOGS ☐ Yes ☐ No

In the event of your illness, who would care for the animal (Emergency Contact)?

If you are no longer able to keep the animal you adopt, do you agree that you must return the animal to the Animal Welfare Society? ☐ Yes ☐ No

Are you adopting a dog for.. ☐ Companion ☐ Guard Dog ☐ Gift

Do you agree that the animal you adopt is for you alone and not to give away to anyone else as a gift or otherwise? ☐ Yes ☐ No

Will you be able to afford veterinary care if the animal needs medical care and annual visits/vaccinations? ☐ Yes ☐ No

Are you willing to give the animal adequate time to adjust to his/her new environment?

☐ Yes ☐ No

If you move, what would happen to the animal?

You agree to our policy to notify the Cape May County Animal Welfare Society of all changes of address and/or telephone number within 30 days after the change. Communication can be mailed to CMCAWS 40 Route 47 S. Cape May Court House, NJ 08210 ☐ Yes ☐ No

You agree to our policy that the shelter is fully entitled to make follow up visits or phone calls to ascertain that all of the covenants and clauses of the adoption agreement/contract are being satisfied. You agree that the adopter is obligated to cooperate with the shelter.

☐ Yes ☐ No

Please list one or two personal references and their phone numbers

(Some people love animals but may not have 1 or 2 references. Don't sweat it if you don't have two human references). As long as you have a good vet reference that will be ok.

1) _____

2) _____

Please note that applications are approved based on the best home for the animal and not on a first come basis.

TO BE FILLED OUT BY SHELTER BELOW:

() **APPROVED**

() **DENIED**

COMMENTS/CONCERNS:

ALTERNATE ADOPTION LIAISON

DATE

SHELTER MANAGER

DATE