



## IMPORTANT ADOPTION FACTS

- WAHS will accept no more than 3 qualified applications per animal. We pick the application that we feel is the best forever home for the animal. **It is not first come first serve.**
- If your current animals are not up-to-date with rabies vaccination, your application may be denied.
- Supply proof of rabies vaccination within 24 hours or your application may be denied. (Scanned certificate or vet contact)
- You must have proof of home ownership or landlord letter approving a pet within 24 hours of application submittal or we reserve the right to deny your application.
- WAHS only accepts cash or credit for adoptions.
- Animals cannot leave the shelter until they are spayed/neutered. This can add time to the adoption processing time.
- WAHS reserves the right to turn away any applicant for any reason.
- If your application is approved, you must be ready to come and adopt them animal within 72 hours.



WAHS is a No-Kill Shelter, Funded by Private Contributors

724.222.PETS 🐾 [washingtonpashelter.org](http://washingtonpashelter.org)

Shelter Address: 1527 Route 136 🐾 Eighty Four, PA 15330

Mailing Address: P.O. Box 66 🐾 Eighty Four, PA 15330

## ADOPTION APPLICATION

Please print clearly and answer all questions.

- **Are you 21 years old?** Yes \_\_\_ No \_\_\_
- **Are you a military veteran?** Yes \_\_\_ No \_\_\_  
*(We proudly waive first adoption fees for active and non-active military with a valid military I.D.)*
- **Have you ever adopted from Washington Area Humane Society?**  
Yes \_\_\_ No \_\_\_  
**Do you still have the pet?** Yes \_\_\_ No \_\_\_  
*If no, what happened to the pet?*  
\_\_\_\_\_

## WHAT DOG(S) or CAT(S) ARE YOU INTERESTED IN?

\_\_\_\_\_

## GENERAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

What is your email address? \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

\_\_\_ Own your own home \_\_\_ Rent \_\_\_ Rent to Own \_\_\_ Live with Parents \_\_\_ Live with Roommates \_\_\_ Live Alone

*If you rent, we require a signed letter from your landlord or copy of the lease approving pets within 24 hours.*

*Please have at time of application to speed up process.*

**Type of Home:**

\_\_\_ House \_\_\_ Apartment \_\_\_ Duplex \_\_\_ Mobile Home \_\_\_ Other (Explain: \_\_\_\_\_)

## STAFF USE ONLY

Animal Name:

Dog \_\_\_\_\_

Cat \_\_\_\_\_

Male/Female

Spay/Neuter: Yes \_\_\_ No \_\_\_

Front Desk Initials \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED | DENIED

Date: \_\_\_\_\_

\_\_\_\_\_  
MANAGEMENT SIGNATURE

## EMPLOYMENT INFORMATION

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Annual Salary \_\_\_\_\_

## FAMILY INFORMATION

Total Number of people living in your home? \_\_\_\_\_

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Age(s) of Children \_\_\_\_\_  
Do children under age of 18 visit your home on a regular basis? \_\_\_\_\_

## CURRENT PET INFORMATION

Is this your first pet? Yes \_\_\_ No \_\_\_

If your current pets are **NOT** up to date with their rabies shots, per Pennsylvania law, we reserve the right to deny your application. (please initial) \_\_\_\_\_

List all pets you have had in the past three years below:

PETS NAME & AGE	DOG or CAT or OTHER	UP TO DATE ON RABIES VACCINE?	IF NO LONGER WITH YOU PLEASE EXPLAIN WHEN/WHY	INDICATE IF YOUR PET IS SPAYED/NEUTERED	PLEASE INDICATE BREED(S)
1.					
2.					
3.					
4.					
5.					

**Please Provide Current Veterinarian Contact Information.**

Name/Practice \_\_\_\_\_ Phone \_\_\_\_\_

If your pets have had their vaccinations at a clinic other than your Veterinarian Office, please specify clinic.

Name/Practice \_\_\_\_\_ Phone \_\_\_\_\_

Are you financially prepared to provide this pet with annual vet care? Yes \_\_\_ No \_\_\_

Are you financially prepared to provide veterinary care for accidents/health problems? Yes \_\_\_ No \_\_\_

Have you ever turned an animal into a shelter? If yes, please explain:

\_\_\_\_\_

## TREATMENT OF PET

- Will you provide training for your pet? Yes \_\_\_ No \_\_\_
- Are you familiar with introducing a new dog into a household? Yes \_\_\_ No \_\_\_
- MUST this dog/cat be house broken at time of adoption? Yes \_\_\_ No \_\_\_
- Do you have a fenced in yard? Yes \_\_\_ No \_\_\_
- Are you aware of the needs of this particular pet? Yes \_\_\_ No \_\_\_
- Do you allow your pets on your furniture/bed? Yes \_\_\_ No \_\_\_
- Do you have a crate or safe area for your pet during your absence? Yes \_\_\_ No \_\_\_
- Are you or anyone in your family allergic to Dogs or Cats? Yes \_\_\_ No \_\_\_
- How will you handle the pet urinating/defecating in home?  
\_\_\_\_\_
- How will you handle the pet keeping you up at night?  
\_\_\_\_\_
- How will you handle the pet shedding excessively?  
\_\_\_\_\_
- How will you handle the pet ruining personal belongings/furniture, biting, scratching, ect?  
\_\_\_\_\_
- What provisions will you make if you can no longer care for your pet?  
\_\_\_\_\_
- How many hours a day will this pet spend outside? \_\_\_\_\_
- How many hours a day will this pet be home alone? \_\_\_\_\_
- Where will your pet spend most of his/her time:  
Inside \_\_\_\_\_ Basement \_\_\_\_\_ Garage \_\_\_\_\_ Fenced Yard \_\_\_\_\_ Tied Outside \_\_\_\_\_
- Are you aware of the animal ordinances, leash laws, and number you may own? Yes \_\_\_ No \_\_\_
- Are you prepared to love and care for this animal for his/her full life expectancy which could be the next 10-15 years? Yes \_\_\_ No \_\_\_

Why do you want to adopt this specific animal?

\_\_\_\_\_

## PERSONAL REFERENCES

Please Provide Two Personal References: *(not family or household members)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SIGNATURE

I certify the above information is true and that false information will result in nullifying this adoption application/agreement. The Washington Area Humane Society has the right to refuse adoption to anyone. I understand that no animal can be held for me.

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

WAHS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your application. We will review it and respond to you as quickly as possible. Please note, this is an application only. It does not guarantee that you will get the animal that you applied for. Our mission is to place the animal in the best possible forever home.