

Please list your **past** pets, starting with the most recently owned:

Cat/Dog?	Breed	Name	Spayed/Neutered?	Date Owned	Age	Reason No Longer With You
1.						
2.						
3.						

Where will your pet live? House/Indoors Only Indoor/Outdoor Fenced Yard
 Crate/Cage Barn/ Garage Chained Other _____

How often are you home? Rarely (Just to Sleep) Home When Not at Work Home All Day

Have you ever adopted from the Van Wert County Humane Society? Y N If yes, when? _____

Have you ever surrendered a pet to a shelter, pound, dog warden, or Humane Society before? Y N
 If yes, why? _____ Where? _____ When? _____

List any behavior problems you consider not acceptable: _____

Are you willing to give your pet a minimum of 6 months to adjust to its new home? Y N

Are you financially prepared to provide and pay for future medical treatments including, but not limited to, yearly vaccinations, monthly flea preventatives, and unexpected emergency care that this animal may need? Y N

Please explain, if necessary. _____

Will you crate train your new dog? Y N How long will they typically spend in a crate? _____

****Please keep in mind that you may need to work on house training with your new pet as he or she adjusts****

****Many rescue animals have unknown medical histories and we may not know what those histories are beyond what we provide****

Please provide the name and phone number of your **current veterinarian**:

Name of Provider: _____ Phone: _____

**Although we socialize animals to the best of our abilities, we are unable to predict their behavior in your specific home setting. Some animals may not get along with others.
 The VWCHS does not guarantee health or temperament of any animal and does not offer any monetary refund for any animal adopted through the shelter.**

Applicant Signature: _____ Date: _____

**By signing this application, I certify that all of the information I have provided is true, accurate, and current.
 I understand that failing to provide accurate information will make my application subject to revocation.*

If at any time the adopter cannot keep this animal for any reason, please return him or her to the VWCHS.

- Office Use Only -

Landlord Comments: _____ Date: _____

Veterinarian Comments: _____ Date: _____

**VAN WERT COUNTY HUMANE SOCIETY
 309 Bonnewitz Avenue, Van Wert, Ohio 45891
 PH/FAX 419-238-5088 staff@vwchs.org**