

.Animal Shelter of Schoharie Valley
PO Box 40
304 Howes Cave Rd
Howes Cave NY, 12092
(518)296-8390
Assv@midtel.net

Pet Adoption Application: Dog or Cat (**please circle**)

Date: _____ Animal name: _____

Is adoption available for discounted rate due to "Senior to Senior" or prior adoption history? Yes No
If yes, please list the program utilized: _____

Adopter's Information:

Name: _____ Home phone: _____
Address: _____ Cell phone: _____
_____ Email address: _____

Do you: Own Home Rent Home Rent apartment
Other: Explain _____

If you rent, Landlord's name: _____ Phone number: _____

Employer: _____ Work phone: _____

Are you at least 18 years of age? Yes / No are you a full-time student? Yes No

Number of people living in your home: _____

Describe household: Active Noisy Average Quiet

Age(s) of children in house: _____

Are you willing to have a home visit: Yes / No

If no, why not

Please list the pets you currently own or have owned in the past 5 years:

Type of animal	Name	Age	Sex	Spayed or Neutered	Rabies & distemper current	Licensed (dog)	If no longer owned, why?

Have you surrendered a pet to the shelter? Yes No If yes, why _____

Have you adopted a pet from us in the past? Yes No If yes, when? _____

Do you still have the animal? Yes No If No, why? _____

Is anyone in the household allergic to pets? Yes No

Why do you want to adopt a pet today? _____

Did you come to see a specific animal? Yes No If yes, who? _____

Animal care information:

Who will be responsible for the animal's care: _____

What will you do with your animal if you have to move? _____

Will the animal be kept inside? _____ How many hours? _____

What veterinarian will you use? _____

How will you work through any issues that may arise with your animal or will you return it to the shelter?

Do you and your family view the adoption of the animal as a life time commitment? _____

References: Please provide 3 personal references that we can contact to be certain the adoption of the animal in the animal's best interest. **Please do not use immediate family members.**

Name	Phone number	Relationship

Please provide the name of your current veterinarian so we can contact them for a reference on the current care of your animals: _____ Phone: _____

Please contact your vet to release vet records to The Animal Shelter of Schoharie Valley.

We require any animal that has been adopted from us to be taken to your veterinarian within 30 days after adoption, will you agree to these terms?

Adopter's signature: _____ date: _____

Animal Shelter of Schoharie Valley Return Policy

I agree not to sell, trade, give away or otherwise transfer ownership of my dog/cat.

I agree that, if I can no longer care for my dog/cat for any reason, I must return it to ASSV.

I understand that ASSV will not refund the adoption fee if I do return my dog/cat.

With the stipulation that;

1. If an adopted animal shows signs of illness within 14 days of adoption, the animal will be re-admitted to the Shelter and a full refund made IF accompanied by a written notice from a licensed veterinarian. Said notice must state: the animal was incubating the illness at the time of adoption.
2. If an adopted animal shows signs of illness, ASSV will assume responsibility by paying for medications or antibiotics needed for 10 days only. These must be purchased through the ASSV's participating veterinarian. In addition, payment will only be made by ASSV if we receive a written notice from our veterinarian stating the animal was incubating illness at time of adoption.

In either case, 1 or 2, ASSV will not pay for any routine examinations or vaccinations, tests or medications. Such as blood tests, x-rays, etc.

3. Otherwise, after 14 days from date of adoption, ASSV will not be responsible for any vet bill or medications and no refunds will be made.

Adopter's Signature _____ **Date** _____

Shelter Representative Signature _____ **Date** _____

Animal Placement Agreement Important! Read before signing

I hereby agree:

1. To feed my dog/cat on a regular schedule and to ensure that fresh clean water is always available.
2. To furnish my dog/cat with a place to sleep inside my house, apartment or residence, and that my dog will not live outdoors.
3. Not to keep my dog crated, chained or tied for extended periods of time, or leave a "choke " type collar on my dog when the dog is unsupervised .
4. Not to have any medically unnecessary surgery performed on my dog/cat, including but not limited to de-barking, clipping or cutting of the ears, or clipping or "docking" of the tail.
5. To provide my dog/cat with necessary veterinary care including annual examinations; I agree to comply with the annual vaccination schedule for my dog/cat as prescribed by my veterinarian.
6. That the animal will not be used for any experimental purpose.
7. To comply with state and local licensing laws.
8. Not to use my dog/cat, for any activity prohibited by federal, state or local law.
9. To permit an authorized representative of ASSV to visit my residence to examine my dog/cat and ensure that I am in compliance with the terms of this agreement.
10. I understand that the right to possession and ownership is not absolute, but conditional only and is subject to termination upon demand if at any time the ASSV determines, in its sole discretion that the conditions specified in this agreement have not been fully complied with. In this event, I agree to return the dog/cat to ASSV upon demand.
11. I understand that ASSV cannot guarantee the health or temperament of the animals adopted from it. The ASSV shall not be responsible for any condition or illness which the animal may have or develop or for any damage or injury to any person or property which may be caused by the dog/cat. I agree to release and indemnify and hold harmless the ASSV from any and all liability , claims , suits , action judgments , costs , fees , including attorney fees and damages for any damage or injury to any person or property which may have been caused by the dog/cat.

Adopters Signature: _____ **Date:** _____