



Central PA Humane Society (CPHS)
 1837 E Pleasant Valley Boulevard
 Altoona, PA 16602
 Phone: 814.942.5402
 Fax: 814.942.8505
 www.centralpahumane.org

CENTRAL PA HUMANE SOCIETY – DOG ADOPTION APPLICATION

Congratulations! You are beginning a process of bringing a life-long companion and family member into your home. This application is designed to help you select the dog that is best suited to your family and lifestyle.

Completing an application does not guarantee an approval for adoption. Multiple applications may be placed on the same animal. We do not process them on a first come, first service basis. All applications are given equal consideration.

Only a COMPLETE application will be considered

Please initial that you have read and understand the above statement **INITIAL:** _____

Please read and initial each line below:

- _____ All individuals who live in the home must visit with the shelter dog you are interested in adopting
- _____ If you rent, verbal landlord approval is required
- _____ If you have other dogs living in the home a meet and greet is required
- _____ Proof of spay/neuter for current dog(s) if adopting an unaltered dog of the opposite sex
- _____ Proof of rabies for dogs and cats living in the home is required
- _____ There is a non-refundable \$5.00 application processing fee. Your application will stay on file for 6 months
- _____ Current proof of identification is required (i.e. driver’s license)
- _____ After your application is complete, you will be notified if you have been approved or not

At the time of adoption, you will be asked to complete an adoption contract and pay an adoption fee. Our fees are as follows:

- DOGS Package Price = \$180.00 (Includes)
- One year Rabies vaccination, Parvo/Distemper/Bordetella vaccinations, Deworming, ID Tag, Microchip and Adoption
 - Spay/Neuter for surgery performed with our Veterinarian OR \$90.00 Spay/Neuter deposit refundable upon proof of surgery by your veterinarian

Other specials may apply! Ask for details

PLEASE NOTE: AS A RULE, WE CANNOT HOLD ANIMALS FOR ANYONE. Please keep in mind that there is no such thing as a “PERFECT PET”. Any adopted animal will require training, patience and ample time to adjust to its new home. While we carefully monitor animals surrendered to CPHS. We have limited knowledge of their backgrounds. We therefore, cannot guarantee the health, behavior, age, gender, health care, or breed of any animal adopted from the shelter.

I acknowledge the information on this page and agree to the fees noted above.

_____ Print Name _____ Signature

Application Fee Paid _____ Cash Check Credit/Debit Card Date of Application _____

I am interested in a CPHS membership to save 10% on pet adoptions and other savings benefits.

| I am interested in the following dogs | | | | | OFFICE USE: | |
|---------------------------------------|----------|--------|------|-----------------|-------------------------|---|
| 1 st Choice | Intake # | Breed: | Age: | Gender M / F | Spay/Neuter YES / NO | <input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind |
| 2 nd Choice | Intake # | Breed: | Age: | Gender M / F | Spay/Neuter YES / NO | <input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind |
| 3 rd Choice | Intake # | Breed: | Age: | Gender M / F | Spay/Neuter YES / NO | <input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind |

PRIMARY APPLICANT

Name _____ Cell Phone () _____

Employer _____ Work Phone () _____

Driver's License State & number _____
Photo copy required

Email Address _____

CO-APPLICANT

Name _____ Cell Phone () _____

Employer _____ Work Phone () _____

Driver's License State & number _____
Photo copy required

Home Address _____ Home Phone () _____
All addresses must include street name (NO PO Box #'s or RD #'s)

City _____ County _____ State _____ Zip _____

1. Do you live in a House Mobile home Apartment Dorm Other _____
2. Do you Own Rent* Other (*please explain*) _____

*If you RENT your HOME or LAND for Mobile Home please provide a copy of lease agreement.

Homeowners Name: _____ Phone: () _____

Landowners Name: _____ Phone: () _____

3. Does where you live have any restrictions on pets? Weight, type or number? YES NO

If yes, what are they? _____

4. How many adults live in your home? _____ Children? _____ Ages of Children _____

5. Is anyone living in your household allergic to dogs and/or cats? YES NO

6. Why are you interested in adopting a companion animal? _____

7. The CPHS believes that adoption is forever, for the lifetime of the pet. Pets can live 10 to 20 years. Are you prepared to provide daily care (time and expenses) for this many years?
 YES NOT SURE (*explain*) _____
8. I want my new dog to be: (check all that apply)
 Inside Outside Enthusiastic Playful
 Laid Back Lap Dog Other : _____
9. How many hours a day do you spend away from home? _____ Work School Other
 ❖ While away, how will the new companion spend it's time? _____
10. Active and/or young dogs may require training to make them better, well-behaved companions. Are you willing to take on the added expense, time and commitment to help a dog become a compatible family?
 YES NOT SURE (*explain*) _____
11. How will you handle a situation if your new pet claws, chews or show sign of destructive behavior?

12. Pertaining to potty breaks would you: walk the dog on a leash place on a cable/tie out
 (Check all that apply) electronic fenced yard fully fenced in yard open door to let out freely
13. If a personal financial, health or some other situation arises and you cannot keep your pet you are required to return the pet to CPHS. This way the pet can be re-adopted to another qualified family. By initializing you understand that this will be part of the adoption contract **INITIALS** _____
14. Pennsylvania State Law requires that all puppies/dogs that are three (3) to four (4) months of age or older shall receive regular vaccinations against rabies. We also urge the following precautions:
 • The pet should receive vaccines as recommended by your Veterinarian
 • The pet should always wear a safety collar with current identification information and rabies tag.
 Do you agree with these responsibilities?
 YES NO NOT SURE (*explain*) _____
15. **Pennsylvania state law requires that all animals adopted from shelters be spayed or neutered within a specified period of time.** How do you feel about spaying or neutering your adopted companion?
 AGREE DISAGREE NOT SURE (*explain*) _____

VETERINARIAN INFORMATION

Name of Veterinarian _____ Phone Number () _____

Pets Owner's Name on record with Veterinarian _____

I understand that I must supply all vaccination and health records for my pets to CPHS within 24 hours for consideration of my application. Failure to comply within 24 hours may result in revocation of my application. I am aware that prior to placement of a pet from CPHS, my currently owned pets, for their protection, must be up to date on necessary rabies vaccination. **INITIAL:** _____

LIST ALL THE ANIMALS THAT YOU HAVE OWNED OR LIVED WITH IN THE PAST FIVE (5) YEARS (LIVING AND DECEASED)

| TYPE (Dog, cat, etc.) | PET'S NAME | BREED | GENDER | AGE | SPAY/ NEUTERED | Where is this animal now? | How long owned? |
|-----------------------------|------------|-------|--------|-----|---|------------------------------|-----------------------|
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

CPHS STANDARDS FOR ADOPTION

- All persons living in the household are to be involved in the selection of the pet
- All adopted pets must be spayed or neutered by the date entered on the Adoption Contract and always be current on vaccinations and rabies inoculations.
- NO animal will be adopted as a gift for another person
- According to the Pennsylvania State Laws, all dogs must be kept under control and cannot be allowed to run at large, so as not to create a public health and safety problem.
- Dogs are to be indoor pets only.
- No animal will be adopted to persons having an extensive history of losing, giving away, selling or having animals injured or killed by moving vehicles.
- Animals that are known to have exhibited vicious tendencies or other serious behavioral disorders are not available for adoption.

I (WE) CERTIFY THAT ALL INFORMATION GIVEN IS CORRECT AND AGREE TO THE ABOVE CPHS STANDARDS FOR ADOPTION

Primary Applicants Signature _____ Date: _____

Co-Applicants Signature _____ Date: _____

CPHS VISITOR WAIVER AND RELEASE OF LIABILITY FORM

This form must be signed prior to visiting any animal at the Central PA Humane Society (CPHS)

I wish to visit with shelter pets at CPHS. I understand that I do so at my own risk. I hereby release and waive all claims against the CPHS and the entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me, my child(children), or any other person, directly or indirectly arising out of, or in connection with my visit.

Visitor(s):

Visitor's Name _____ Visitor's Signature _____

Visitor's Name _____ Visitor's Signature _____

If visitor(s) is under 18 years of age they must be accompanied by parent/guardian and parent/guardian must sign:

Child's Name _____ Parent/Guardian Signature: _____

Child's Name _____ Parent/Guardian Signature: _____

Child's Name _____ Parent/Guardian Signature: _____

***Once again, we thank you for visiting the shelter and spending time with our animals.
We will review your application and contact you after review.***

We are interested in how you heard about this animal(s)

Visit to Shelter Petfinder Web-site Facebook WTAJ TV Petco

CPHS Web-site Referred by someone Twitter Referred by a Rescue group

Other: _____

NEWSPAPERS: Altoona Mirror Tyrone Herald Morrison Cove Herald Traders Guide

RADIO: WALY 104 WFBG WRTA WTRN WBXQ (Q94)

CPHS MISSION STATEMENT

To prevent animal neglect and cruelty through education and enforcement while providing a safe haven and finding forever homes for those in need.

The Central PA Humane Society (CPHS), serving Blair and surrounding counties in central Pennsylvania, is a charitable, non-profit 501(c)(3) organization dedicated to helping animals and people. The primary goal of CPHS is to find loving homes for adoptable animals.

THIS PAGE FOR SHELTER USE ONLY

Primary Applicant Name: _____

Co- Applicant Name: _____

In PetPoint? YES NO

CPHS Standards for Adoption Signed YES NO Date _____

Landlord Contacted YES NO N/A Date _____ Time _____

Landlord Approved YES NO N/A Date _____ Time _____

Vet Records Received YES NO N/A Date _____

All Family Members visited YES NO

Comments: _____

Shelter Approved YES NO

If yes, by whom: _____

If not, then why: _____

Applicant Contacted: YES Date _____ Time _____

NOTES: *Include complete dates and time:*