VALLEY ANIMAL CENTER
A NO-KILL SHELTER FOR DOGS & CATS

3934 North Hayston Avenue • Fresno CA • 93726 • (559) 233-8717
Email: dogs@valleyanimal.org

PRE-DOG ADOPTION APPLICATION

Dog: _____

Date: _____

Adopter Name: _____

Co-Adopter Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ (Required)

How long have you been at this address? _____ ☐ Rent ☐ Own

Name of Landlord/Manager: _____

Landlord Address: _____ Phone: _____

Do you have a secure, fenced yard? ☐ Yes ☐ No How large is the yard? ☐ SM ☐ MD ☐ LG

Will you keep the dog: ☐ Inside ☐ Outside ☐ Both

If you move, will you take the dog with you? ☐ Yes ☐ No

Adopter Employer: _____

Other source of income: ☐ AFDC ☐ Alimony/Child Support ☐ Disability/Pension ☐ Unemployment
☐ Other If other, please explain: _____

Co-Adopter Employer: _____

Other source of income: ☐ AFDC ☐ Alimony/Child Support ☐ Disability/Pension ☐ Unemployment
☐ Other If other, please explain: _____

Is this pet for you? ☐ Yes ☐ No If no, for whom? _____

Do you currently have pets? ☐ Yes ☐ No If yes, what kind? _____

Are all current dogs/cats in the home spayed/ neutered? ☐ Yes ☐ No If no, why? _____

Do you have any known allergies to dogs? ☐ Yes ☐ No Do you suffer from asthma? ☐ Yes ☐ No

If yes, explain: _____ If yes, explain: _____

Are you a frequent traveler? ☐ Yes ☐ No If yes, how often? _____

Do you have children? ☐ Yes ☐ No If yes, what ages? _____

Please understand that biting, sometimes playful bites or excessive mouthing, may occur. Puppies can have a tendency to bite as they are still learning but even adult dogs can sometimes scratch or be mouthy. Please understand that your adopted dog will need to be trained and/or learn when/where biting is not appropriate. In the event that your adopted dog is mouthy or scratches either you or family/ friends, will this be a reason for you to return the animal to the shelter? ☐ Yes ☐ No

Would normal wear and tear on household items be a reason to return this animal to the shelter? ☐ Yes ☐ No

Veterinarian: _____ Phone: _____

Are you financially able and willing to give the dog any medical care it may need? ☐ Yes ☐ No

The life span of a dog may be up to 15 years. Are you prepared to care for this dog for its natural life? ☐ Yes ☐ No

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Do you have a secondary contact to temporarily care for the pet in the event you cannot? ☐ Yes ☐ No

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

The Adopter hereby understands and agrees that any and all fees charged for the adoption of this animal are **NON-REFUNDABLE.** The Adopter also understands and agrees that if any animal adopted from the Valley Animal Center is not compatible in their household or does not work out for any reason, the animal may be returned within 30 days of the date of this contract. If the Adopter found that this animal was incompatible, but would like to exchange it for another animal, the animal may be exchanged within 30 days of the contract, pending approval. The Adopter understands that they are only allowed to make a one-time exchange. _____ (Please initial)

After the 30 day period has expired, the Adopter may return the animal to the Valley Animal Center only upon approval from the Shelter Manager and with the requirement of a surrender fee, to be determined by the Shelter Manager. _____ (Please initial)

_____ _____

Applicant Signature Co-Applicant Signature

How did you hear about us?

☐ VAC Website ☐ Facebook ☐ Twitter ☐ Friend

☐ Vet office ☐ Other, please specify: _____

Adoption Counselor: _____
Name

Application Approved: _____ _____ Application Rejected: _____ _____
Initials Date Initials Date

Manager Review: _____ _____
Initials Date