

Cat

Dog



ADOPTION APPLICATION
(Making a 10 – 20 year Commitment)

Humane Society of Wayne County

ID#	
Animal's Name	
Current Date	
P/U Date	

PLEASE PRINT

Last name _____ First Name _____ MI _____

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

Phone #s: Home: (_____) _____ Cell: (_____) _____

Place of Employment: _____

Work Phone #: (_____) _____ Is it OK to Call at Work? Check box if yes.

Are you 18 years of age or older? Check box if yes.

If not 18 or older, parent's/guardian's signature witnessed by a HSWC staff member is required below:

Parent's/Guardian's Signature: _____ Date: _____

Household composition: # Adults? _____ # Children? _____ Childrens' Ages _____

Does anyone in the household suffer from allergies to animals? Check box if yes.

Do you **OWN** your house? Check box if yes.

If yes, skip to "Why do you want to adopt an animal?"

Do you **OWN** a mobile home? Check box if yes.

If yes, skip to "Why do you want to adopt an animal?"

If in a mobile home park, park owner's name: _____

Park owner's phone #: (_____) _____

For **RENTORS**: Rental agent's's name: _____

Rental agent's phone #: (_____) _____

Is a security deposit required? Check box if yes.

Is there an additional monthly rental fee? Check box if yes.

Why do you want to adopt an animal? _____

If adopting a **CAT**, will this cat live inside? Check box if yes.

If adopting a **DOG**, will this dog live inside? Check box if yes.

How will the dog be confined outside? _____

How will the dog get exercise? _____

What would you do with the animal if you moved? _____

How did you hear about us? Word of mouth Flyer Radio/TV Print media

Internet site (which one?) _____ Other _____

PLEASE LIST ALL CATS AND DOGS YOU HAVE OWNED IN THE PAST 5 YEARS

Pet's Name	Dog/Cat	Breed	Age	Sex	Altered?	If no longer in the household, what happened to the pet?

Is your pet(s) vaccinated against rabies? Check box if yes.

Is your pet(s) vaccinated against distemper? Check box if yes.

If CAT(S) in the household:

Have your cat(s) been tested for feline leukemia (FeLV)? Check box if yes.

Have your cat(s) been tested for feline "AIDS" (FIV)? Check box if yes.

For food and vet care, are you prepared to spend about \$300 per cat per year? Check box if yes.

If DOG(S) in the household:

Do you give your dog(s) heartworm prevention medicine? Check box if yes.

Is your dog(s) licensed? Check box if yes.

For food and vet care, are you prepared to spend about \$600 per dog per year? Check box if yes.

What vet hospital(s) do you use? _____ Hospital Phone #: (____) _____

What name are the vet records under at the vet hospital? _____

If you wish to receive updates about shelter activities and information about animals and animal care, please

PRINT your e-mail address _____

- **I understand that falsification or omission of any of the above information will result in an automatic application denial.**
- **I authorize the release of my name and information for the exclusive use of Hills Science Diet so that I may receive promotional discounts, coupons, and other information from them.**
 - **Do not release my information to Hills Science Diet**
- **I give permission to my vet hospital to release any records pertaining to my animals or animals that I have owned to the HSWC for the purpose of processing my application.**

Signature: _____ Date: _____

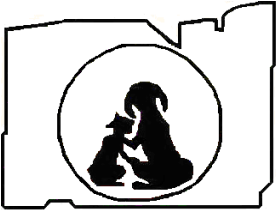
The Humane Society of Wayne County reserves the right to deny this application.

FOR HUMANE SOCIETY USE ONLY

Driver's License # _____

Adoption fee	
S/N Deposit	
Total	

Approved Denied By whom? _____ HSWC tag # _____



HUMANE SOCIETY OF WAYNE COUNTY
1475 County House Road
Lyons, NY 14489
Telephone (315) 946-3389 Fax (315) 946-9132
E-mail – HumaneSocietyWayneCounty@verizon.net

Routine Vaccinations and Treatments for Shelter Animals Prior to Adoption

When old enough, HSWC uses a SNAP 3Dx[®] test to test all our dogs for heartworms, Lyme disease, and Ehrlichiosis and a SNAP[®] FeLV test to evaluate all our cats for feline leukemia (FeLV). Only animals that test negative are adoptable by the public. However, the viral incubation period for FeLV is sufficiently lengthy so a single test may not detect this virus. In addition, heartworm exposure is detectable only after approximately six (6) months from infection date. Follow the advice of your veterinarian about retesting the cat/dog.

A veterinarian administers a one (1)-year rabies vaccination to all animals older than three (3) months as required by New York State law.

All dogs are given an Intra-Trac₃[®] intra-nasal vaccine against bordetella (kennel cough). Cats and dogs are vaccinated against the common illnesses using HCPCh vaccine for cats and DAPPvL₂ vaccine for dogs (older than six (6) weeks). Animals younger than six (6) months of age require at least two (2) vaccinations four (4) weeks apart to build up their immunity. All dogs older than six (6) months are temperament-tested.

In addition, all animals are treated for roundworms and hookworms using at least two (2) doses of Strongid wormer two (2) weeks apart to interrupt the reproductive cycle of the worms. Due to the cost of the medications, HSWC treats animals for whipworms, tapeworms, and coccidia only if a fecal examination detects the presence of these worms/protozoa. A fecal exam does not always detect the presence of worms/protozoa.

If detected, ear mites are eliminated by cleaning the ears and administering a series of three (3) ivermectin injections two (2) weeks apart. However, additional treatments may be needed. Fleas, if present, are eliminated using a single treatment of Advantage.

If an animal is adopted prior to receiving the required vaccinations and treatments, it is your responsibility to complete the treatment protocol. Your veterinarian will recommend a course of action to assure the good health of this animal.

I UNDERSTAND THAT HSWC WILL NOT REIMBURSE ME FOR ANY COSTS INCURRED WHEN I USE THE FREE HEALTH EXAM AT A PARTICIPATING VETERINARIAN.

Signature of Adopter: _____

Date: _____