**Sheyenne Valley Friends of Animals**

Approved\_\_\_\_\_\_

Denied\_\_\_\_\_\_\_\_

Reason\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_

P.O. Box 432

Valley City, ND 58072

[www.svfanimals.org](http://www.svfanimals.org)

Phone: 701-840-5047

Email: [jenni.svfa@gmail.com](mailto:jenni.svfa@gmail.com)

Adoption fees: Dog - $125; Cat - $75

**PRE-ADOPTION APPLICATION**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal Name/Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to adopt this particular pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been looking for a pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to make a commitment to provide for this animal for its entire life? 🞎Yes 🞎No

**This questionnaire is intended as a guide to assist you in analyzing all the ways a new pet will impact your life, and also to determine if the one in question is the right match for you and your lifestyle. All of the questions concern various aspects of pet ownership that should be given serious consideration before deciding to share your life with any new pet addition(s). The information provided in this application will help us to find the best possible match between you and the pets available through Sheyenne Valley Friends of Animals. Completed applications do not ensure adoption approval for specified or any animal.**

Your Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_

Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best way to contact you: (Example: home phone after 3:00PM during the week)**

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Please list the full names of anyone that will be living with the animal, and if children, what ages:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all current pets up to date on vaccines? 🞎Yes 🞎No 🞎N/A

If you have another dog (or dogs) living with you how does it react to other dogs?

🞎Does fine with other dogs 🞎Does fine after time to know a dog 🞎Doesn’t do well with other dogs

🞎Depends on the dog 🞎Not sure, not around other dogs much

Please list all pets you have had in the past 10 years and what happened to them:

Animal’s Name Type of Pet & Breed Age Sex Length of Ownership Reason no longer with you

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**List Veterinarian Used for Current/Past Pets:**

Clinic Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children**

Have these children been around animals before: 🞎Yes 🞎No

If no, how will you introduce your children to new pet ownership?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**General Questions**

Have you ever owned a pet? 🞎Yes 🞎No

Have you ever adopted a pet from this or any other shelter/rescue? 🞎Yes 🞎No

If yes, indicate whether you still have this pet. If you no longer have this pet, please explain why.

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Have you ever given a pet away or surrendered a pet to a shelter/rescue organization? 🞎Yes 🞎No

If yes, please explain the circumstances.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any household members have pet-related allergies? 🞎Yes 🞎No

Are you willing to provide veterinary care, grooming, emergency expenses, supplies and food for the care of this animal? (These expenses can add up to thousands of dollars each year) 🞎Yes 🞎No

Are you a student? 🞎Yes 🞎No

If yes, please indicate whether you are a full-time or part-time student. Also explain what you will do with this animal when the academic year is over. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your residence**

**Please be aware that if you are currently renting or living with parents we will need written/verbal proof from the property owner before the application is considered for approval.**

Do you rent or own? 🞎Own 🞎Rent

The property owner will be contacted to verify permission to own pets.

Property owner/Parent’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what type of home do you live? 🞎Apartment 🞎Assisted Living 🞎Condominium 🞎Duplex 🞎Farm

🞎Mobile Home 🞎Single family 🞎Townhome 🞎Live with parents 🞎Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a chance you will move in the future: 🞎Yes 🞎No

If so, are you willing to restrict your choice of housing to places where the animal is allowed? 🞎Yes 🞎No

**Dogs**

**Reason that you want a dog (check as many that apply):** 🞎Companionship 🞎Outdoor dog

🞎Indoor dog 🞎Guard dog 🞎Service/Therapy 🞎Gift for Someone 🞎Hunting dog 🞎Other:\_\_\_\_\_\_\_\_\_\_\_

What is your energy level preference? 🞎Low 🞎Medium 🞎High

Please indicate behaviors that are important to you when looking for a dog (check all that apply):

🞎Kid friendly 🞎Dog friendly 🞎Cat friendly 🞎Small size 🞎Large size 🞎Cuddler 🞎Shy/timid 🞎Outgoing 🞎Leash trained 🞎Potty trained 🞎Crate trained 🞎Special needs 🞎Senior 🞎Puppy

Where will this dog spend most of its time? 🞎Indoor 🞎Outdoors 🞎Crate 🞎Garage 🞎Kennel

🞎Other - please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much time will the dog spend outside?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a fenced yard? 🞎Yes 🞎No

If you do not have a kennel or fence, how do you plan to keep this dog confined to your property?

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How many hours per day and how many days per week will the dog be left home alone?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the dog sleep at night? 🞎Indoors 🞎Outdoors 🞎Crate 🞎Kennel

**Cats**

**Reason that you want a cat (check all that apply):** 🞎Mouser 🞎Farm/barn cat 🞎Companionship

🞎House cat 🞎Therapy cat 🞎Gift for Someone 🞎Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate behaviors that are important to you when looking for a cat (check all that apply):

🞎Kid friendly 🞎Dog friendly 🞎Cat friendly 🞎Mostly quiet 🞎Cuddler 🞎Outgoing 🞎Shy/timid 🞎Litter trained 🞎Special needs 🞎Senior 🞎Kitten

Do you plan to declaw this cat? 🞎Yes 🞎No 🞎N/A (cat is already declawed) 🞎Uncertain

Do you plan for this cat to be: 🞎Indoor only 🞎Outdoor only 🞎In & Out

**Because so many shelter animals have unknown medical histories, the Sheyenne Valley Friends of Animals recommends that you do not immediately expose your existing pets to your newly adopted pet. This also includes pets owned by others.**

Are you prepared to separate this new animal from other pets? 🞎Yes 🞎No

**All pets will need time to adjust to a new family and may require housetraining and/or behavior training to correct problem behavior.**  Are you prepared to work with these behaviors? 🞎Yes 🞎No

Are you prepared for this pet to have accidents in your home? 🞎Yes 🞎No

Information regarding the history, health and behavior of adopted animals may not be available or accurate.

What behavior(s) will you be **unwilling** to work with?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What reason(s) might cause you to return this pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please list **2 NON-RELATIVE references** who we may contact on your behalf. These should be people who know you and can provide insight into your character, how you feel about pets, how you treat them, and so forth. Please let your references know we will be calling as that will accelerate the application process.

**Name #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How they know you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How they know you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our rescue is a volunteer organization. Depending upon volunteer availability, it may take us several days to contact all personal/veterinary references and make a decision on approval of each application.**

**Please accept Acknowledgement Box for each of the below statements.**

* By submitting this application, I understand that completing this application does not guarantee that any animal(s) will be adopted to me.
* I also certify that I have been wholly and completely truthful and have not concealed or withheld any information.
* I hereby authorize the Sheyenne Valley Friends of Animals to verify any information given by me and/or to investigate my application however they see fit.
* I understand that Sheyenne Valley Friends of Animals is a rescue and rehoming program.
* I agree to provide adequate food and shelter for any adopted pet and to provide all necessary vaccinations and medical treatment to ensure the good health of the adopted pet.
* Adopter will give adequate time for an animal to adjust to his/her new surroundings. Contact us immediately for assistance if any problems arise.
* Adopter will not sell, abandon, or give the animal away. If the adopter can no longer keep the animal, please contact Sheyenne Valley Friends of Animals for arrangements to be made on the animal’s behalf.
* I understand by signing this contract, I assume all rights and responsibilities as a pet owner if approved for adoption. Sheyenne Valley Friends of Animals will not be held liable for damages.

If the animal you are applying for is placed in a home more suitable for the animal, you will be notified by email or by phone.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to SVFA, PO Box 423, Valley City, ND, 58072 or email to jenni.svfa@gmail.com.