



Sheyenne Valley Friends of Animals

P.O. Box 432
Valley City, ND 58072

www.svanimals.org

Phone: 701-840-5047

Email: jenni.svfa@gmail.com

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

Approved_____

Denied_____

Reason_____

Date_____

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)

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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? _____

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.

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?

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?_____

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.