

ADOPTION APPLICATION

YONKERS ANIMAL SHELTER

120 Fullerton Avenue – Yonkers, NY 10704
914-377-6730; 914-377-6729 (fax)

Animal Name: _____ I.D. Number: _____

Completion of this form is a requirement for adoption. The information provided helps us ensure that the adoption is in the best interest of both you and the pet. By submitting this application, you give permission for Yonkers Animal Shelter to investigate and confirm the information that you provide. All forms become the property of Yonkers Animal Shelter upon submission. Yonkers Animal Shelter reserves the right to refuse adoption to anyone. Adoption approval and refusal decisions are made solely at Yonkers Animal Shelter's discretion.

Name: _____ Spouse/Partner/Roommate: _____

Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Work Phone # _____ Email Address: _____

Place Of Employment: _____ Occupation _____

Hours at work: _____ Drivers License #: _____ State: _____ Age: _____

How did you hear about Yonkers Animal Shelter? Adopt-A-Pet _____ petfinder.com _____ Yonkers Animal Shelter's Web Site _____
Friend _____ Other _____

PLEASE COMPLETE ALL QUESTIONS:

1. Why do you want a pet? _____
2. Who will be responsible for this pet's care? _____
3. Is this your first experience with a pet? _____
4. Why do you want the breed/mix you are interested in? _____
5. Have you owned this breed/mix before? _____
6. Where will this pet be kept during the day? _____ Night? _____
7. How many hours at a time will this pet be left alone? _____
8. List pets currently in household:

Type	Breed	Sex	Spayed/Neutered?	Kept Where?	Age

9. Who is your veterinarian? _____
Address: _____ Phone number: _____
10. Are all of the pets in your household up-to-date on rabies and viral vaccinations? _____ Date of last vaccinations _____
11. Do you agree to allow a Yonkers Animal Shelter representative to call your veterinarian? _____
12. Do you rent or own your current home: _____
13. Is it an apartment, duplex, townhouse/condo, single house, mobile home, other? _____
14. If you rent, do you have written permission from your landlord to have pets? _____
15. Is a pet deposit required? _____ How much? \$ _____ per pet or per household?
Size/Weight limit? _____ Limit: _____ Limit on number of animals? _____
16. Landlord Name/Phone _____
17. How long have you lived at your current address? _____
18. Do you plan to move within the next 12 months? _____
19. If so, what would you do with your pets? _____
20. Do you or your spouse travel frequently? _____ If yes, how often? _____
21. What will you do when you need to travel? _____
22. How many people live in your household? _____ Children's ages: _____

- 23. Have your children had pets before? Was it successful?
- 24. Has the decision to adopt a pet been agreed upon by all adults residing at this address?
- 25. Can you commit to care for the animal for its whole life?
- 26. Does anyone in your household have any known allergies to animals?
- 27. Are you willing to accept the financial responsibility of proper veterinary care for this animal?
- 28. Have you adopted a pet before? If yes, explain: _____

Dog adopters only:

- 29. Do you have a fenced yard? Type: _____ Height: _____
- 30. Do you realize that you may have to housetrain this dog? _____
- 31. Are you familiar with leash and licensing laws in your community?
- 32. What will you do if your dog chews furniture or displays other destructive behavior? _____
- 33. How will you keep your dog confined? _____
- 34. Have you litter box-trained cats before?
- 35. If you have dogs, have they been exposed to cats before?
- 36. Do you agree to your pet being spayed and/or neutered?

ALL OF THE INFORMATION I/WE HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. IF ANY INFORMATION CHANGES, I/WE WILL NOTIFY YOU PROMPTLY.

SIGNATURE _____ DATE _____

SIGNATURE OF SPOUSE/PARTNER/ROOMMATE _____ DATE _____

YAS STAFF _____ APPROVED? _____ DATE _____

Adoption Fee: _____	Receipt Number: _____	Date: _____
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