## **Application for Adoption**

## White Oak Animal Safe Haven, Inc. (No-kill Shelter)

2295 Lincoln Way White Oak, PA 15131 412.672.8901

www.whiteoakanimalsafehaven.org

We are happy that you are considering adopting a new pet from our shelter. Please read the information below and then fill out the adopter information.

- To be considered as an adopter, you must:
  - o Be at least 18 years old.
  - Have photo identification showing your present address.
  - o Have the knowledge and consent of all adults living in your household to adopt the animal.
  - Have the consent of your landlord or property owner, if applicable.
  - Understand that
    - all fees are non-refundable
    - the adopter is responsible for all veterinary care and medical bills of the adopted pet once adopted.
    - White Oak Animal Safe Haven, Inc. has full authority to approve or deny your adoption application.
    - White Oak Animal Safe Haven, Inc. reserves the right to verify all information on this application.
- Included in adoption are as follows:
  - o Spay/neuter
  - o Rabies (3 months and older while in the shelter)
  - o Deworming and flea treatment
  - DHPP for dogs
  - o FVRCP vaccination and FELV-FIV testing for cats
  - o Micro-chip
  - o All vaccines for a year

## **Adopter Information**

Today's Date:	_Type of animal:	Dog	Cat	Name of animal	<u>.                                    </u>		
Your name:			_Occupa	ation:			
Email:			_Can wo	e add you to our co	ontact list:	Yes_	No
Home phone:		Altern	ate pho	ne:			
Street number and name:							
City:				_ State:	Zip:		
How long have you lived he	re?		_Do you	ı rent or own?	Rent		Own
Is your residence a:hou	iseapartment_	condo/	townho	useother			
If you rent, do you have peri	mission from your la	ndlord to h	nave this	s animal?Ye	esNo		

Landlord's name, address, and phone number:
Do you have a homeowner's association?YesNo If yes, what restrictions do they have in place
regarding pets (breed, size, number, etc.)?
If you adopt, the pet will be living with:AdultsSeniorsChildren (Ages:)
Do you currently have any other pets?No Please list current and past pets, including
gender, breed, and age. What happened to your past animals?
How did you learn about White Oak Animal Safe Haven?
Have you ever adopted from us?YesNo If yes, when and which animal(s)?I
Have you ever surrendered a pet to a shelter?YesNo If yes, what was the reason?
Are you financially capable of taking care of a pet, particularly if it becomes ill?YesNo
Are you aware of any laws/ordinances in your state, county, and local community regarding leash laws,
licensing, vaccine requirements, and number of pets in a residence?YesNo
Who will be the primary caregiver for this pet?
Who will take care of this pet if you travel?
What is your plan if you can no longer care for your pet?
Does anyone in your home have allergies to cats or dogs?YesNo
How many hours per day will the pet be left alone?
What is your plan if you experience behavioral problems with your pet?
Are you open to a home visit before or after adoption?YesNo

	If you	are planning to adopt a	a dog, do you have a fenced	l in yard?	Yes	No	If so, what kind of fence		
	(A fen								
Please share any additional information that you feel would be beneficial for us in processing your app									
		provide three reference as a reference.	Referes, including a veterinarian		one. If y	ou have	a groomer, please add		
1.	Veteri	narian/Other							
		Relationship	Pho	one number(s	s)				
2.	Name_								
			Pho						
3.	Name_								
		Relationship	Pho	Phone number(s)					
	4.	Groomer_							
		Relationship	Pho	one number(s	s)				
	listed	e read and answered the labove with truthfulnes	e questions for the applications. If any of the information m White Oak Animal Safe	ion for a pet n changes, I	from Whi will advis	te Oak e you ir	Animal Safe Haven as nmediately. I understand		
	Potent	tial Adopter Name (prii	nted)						
	Potent	tial Adopter Signature			Date				
	Shelte	er Staff Signature			Date				