

HUMANE SOCIETY OF WALDEN  
2489 Albany Post Road - PO Box 135  
Walden, NY 12586  
845-778-5115  
www.WaldenHumane.org

## ADOPTION APPLICATION GUIDELINES

Thank you for considering adopting a dog or cat from the Humane Society of Walden (hereafter known as **HSW**). We adhere to strict guidelines when adopting out one of our furry friends. Adoption is a big decision and needs thorough consideration. All of the animals that we have at the shelter landed here through no fault of their own.

Please consider your living arrangements and any future life changing events that may land your potential new companion back into the shelter. We want this adoption to be the last one for this animal, however, if you do ever need to give up this pet, we will take them back at any time. And, if the adoption does not work out for any reason, a full refund, less a \$15 paperwork and intake donation fee, will be given within the first two weeks from the date of adoption.

Please fill out the adoption application honestly and thoroughly. To speed up the application process, please have the following items and/or information available upon request:

- ~~1.~~ Drivers License / Photo ID
- ~~2.~~ Landlord consent form or letter, or name and phone number (renters)
- ~~3.~~ Veterinarian contact information

The **HSW** reserves the right to decline any application that they feel will put the potential companion animal into a harmful or negligent situation.

We have personally cared for these animals during their stay here, and want to be assured that they are going to the best possible home. Thank you for your understanding.

Thanks again for considering a companion cat or dog from our Shelter.  
*Staff at Humane Society of Walden*

(Revised 01/12/13)

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## ADOPTION APPLICATION

Animal's Name: \_\_\_\_\_ Animal's ID # \_\_\_\_\_

Pet Type: Cat Kitten Dog Puppy Date \_\_\_\_\_

Adopter Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

\* PLEASE print email address clearly! Will only be used to follow up with you about this adoption.

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_

Do you live in a: House Apartment Duplex Condo Mobile Home

Do you: Own Rent Live with friends, parent, relative or guardian

If renting or living with someone else, do they allow pets? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Telephone # \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you anticipate moving within the next 6 months? \_\_\_\_\_

If you move in the future, what will you do with your pet(s)? \_\_\_\_\_

Do you have children? Yes No / if Yes, how many? \_\_\_\_\_

Their ages: \_\_\_\_\_

Are they used to animals? \_\_\_\_\_

Does anyone in the household have allergies to animals? \_\_\_\_\_

If so, how will you manage with a new pet? \_\_\_\_\_

Do all members of the household know that you plan to adopt a new pet? \_\_\_\_\_ If  
No, why not? \_\_\_\_\_

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Have you adopted from us before?    Yes    No / if Yes, when? \_\_\_\_\_

Do you still have this pet?    Yes    No / if no, why not? \_\_\_\_\_

This new pet will be    Indoor    Outdoor    Both indoors and outdoors

Do you have other animals at home?    Yes    No / if Yes complete pet section below:

Pet Species	Gender	Fixed	Age	Time Owned	Current on Shots
	M / F	Yes / No			Yes / No
	M / F	Yes / No			Yes / No
	M / F	Yes / No			Yes / No

Dogs: Do/does your dog(s) have a current license?    Yes    No

I understand that adopting a pet is a lifelong commitment and that this pet must see a vet within seven days of adoption and on a yearly basis for the rest of their life. We work with several local vets who will provide a *free wellness visit* for adopting from us. *Our partners include:*

- Walden Animal Clinic, Albany Post Road, 845-778-7343
- Montgomery Veterinary Hospital, 718 River Rd. Montgomery, 845-457-4082
- Newburgh Vet Hospital, Route 300, Newburgh, 845-564-2660
- Cedarknoll Animal Hospital, Route 17K, Montgomery, 845-361-5404
- Companion Animal Hospital, 15 South St. Washingtonville 845-496-9058
- Flannery Animal Hospital, Little Britain Road, New Windsor, 845-565-7387
- Banfield Vet, Petsmart, Dunning Road, Middletown, 845-343-6550 (*If you adopt a cat or kitten from our Middletown Petsmart Center*)

Your Vet's Name and Town: \_\_\_\_\_

Vet's # \_\_\_\_\_ Time using this vet: \_\_\_\_\_

When an animal is adopted, and becomes ill, you **MUST** immediately call our office for treatment or vet appointment with one of our contracted vets.

**We do NOT pay or reimburse for outside veterinarian bills.**

**Please read and initial next to each statement below**  
to indicate your understanding of, and consent to, the following adoption terms:

1)	I agree that if the pet is to be given up, surrendered or returned, the animal must be returned to the Humane Society of Walden ( <b>HSW</b> ). No refunds are issued past fourteen 14 days.	_____
2)	I agree not to sell, give away or use this animal for experimental purposes, allow it to engage in dog fighting or train the animal to attack people or animals.	_____
3)	I have been informed that all animals can carry and transmit disease, some of which affect people, and that these diseases may be undetectable in what appears to be a healthy animal at the time of adoption (ringworm, viruses, parasites, bacteria, upper respiratory infections, conjunctivitis and fleas.)	_____
4)	I am aware that pets may exhibit normal but potentially undesirable behavior including but not limited to: aggression, house soiling, biting, scratching, barking, digging, mounting, urine marking or spraying and that these abnormal behavior patterns may be difficult to manage. No one at the <b>HSW</b> has told me that this pet will NOT engage in any of these behavior patterns.	_____
5)	I agree that the <b>HSW</b> is in no way liable or responsible for any damage, accident or injury resulting from the placement of a cat or dog in my household. I agree that the <b>HSW</b> is not responsible for any damage(s) which the animal may inflict on me, another person, property or the property of another and no attempt will be made by me to hold the <b>HSW</b> responsible for such damage(s).	_____
6)	I accept the animal as it is at the time of adoption and understand that the <b>HSW</b> is not responsible for any medical conditions not readily detected or detectable prior to the time of this adoption. I agree that the <b>HSW</b> is also not responsible for any illnesses this pet shows after fourteen (14) days of adoption.	_____
7)	If the animal becomes sick within two (2) weeks of adoption, you must contact <b>HSW</b> to make an appointment with one of the vets we contract with in order to help Said animal. Please do not take your animal to a vet first, unless you are willing to pay for the vet bill. <b>HSW</b> will not refund any monies for vet care without prior authorization.	_____
8)	In the event that the animal dies unexpectedly within two (2) weeks, return the animal to the <b>HSW</b> for a total refund. If the <b>HSW</b> is not notified immediately of the death, <b>NO REFUND</b> will be given after two (2) weeks.	_____
9)	<b>THE ADOPTER HAS FOURTEEN (14) DAYS TO RETURN THE ANIMAL TO THE SHELTER FOR A REFUND. YOU MAY RETURN AN ANIMAL ADOPTED FROM US AT ANY TIME,</b> however, no refunds will be issued if the animal is returned for reasons deemed unacceptable by the <b>HSW</b> or it's Board of Directors. <b>A full refund, less a paperwork and intake donation fee of \$15.00,</b> will be returned to the adopter if an acceptable reason is given with in the first two weeks of adoption. If said animal needs to be returned you must call our office to set up a time to bring in as space is limited. A surrender donation will be required after 6 months of adoption, and you must bring in the adoption and current records for the animal.	_____
10)	I acknowledge that I have read this agreement and hereby release the <b>HSW</b> from any present or future liability associated with my adoption of this animal.	_____
11)	I understand that it is mandatory all animals adopted out must be spayed or neutered. I understand if I am adopting a kitten/puppy from <b>HSW</b> that is too young to be altered at the time of adoption, this animal must be altered before it is 5	_____

	months old. I understand I will have at least a weeks notice when to bring the animal in for this procedure and will follow the guidelines required by the veterinarian. If I refuse altering of said animal or do not show up for the appointment with the animal, HSW has the right to reclaim it, have the animal altered and re-adopted and I forfeit any donation given at time of adoption.	_____
12)	Declawing. Kitten/cat may NOT be declawed. Declawing is a mutilation involving the amputation of a large portion of the kitten/cat's toes and which is likely to alter the kitten/cat's temperament and health.	_____

By signing below, I certify that the information that I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting an animal from the Humane Society of Walden. This animal will reside in my home as a pet and not be used for breeding or for profit. I will provide this animal with adequate food, water, shelter, training, affection, grooming, medical care and humane treatment at all times.

Adopter's Printed Name: \_\_\_\_\_

Adopter's Signature: \_\_\_\_\_

HSW Staff: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_