

Canine Adoption Questionnaire



Adoption Fee (Unless otherwise marked on kennel card)

\$350 – Puppies under 10 months

\$275 – Small Breed Dogs (10 months to 6 years old)

\$175 – Large Breed Dogs (10 months to 6 years old)

\$75 – Senior Dogs over 7 years

\$6 – Slip Leash (All dogs must leave the shelter with a leash)

PLEASE PRINT LEGIBLY

Your Name: _____ DOB: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Alternate Phone #: _____

Email Address: _____

Name of dog you are interested in adopting: _____ Animal Number: _____

Where did you hear about this pet? Shelter Walk in AVHS Website AVHS Facebook At Event
 Other organization Website or Facebook Volunteer/Foster

Your Household

Do you currently: Rent Own Other _____

Does your housing have any restrictions related to dogs? Yes No If yes, please describe: _____

Do you have a fenced yard? Yes No

My home is: Calm Moderately Active Lively & Noisy

Tells us about the members of your household (Check all that apply):

Infant Toddler Young Child Teen Adult Senior

Does anyone have allergies to dogs? Yes No

Tell us about your pets at home:

Dogs: # _____

Breed(s): _____

Cats: # _____

Breed(s): _____

Other: # _____

Type (Species): _____

Dog Care

Where will this dog be living? Indoor Only Outdoor Only Indoor/Outdoor

How many hours will this dog be alone? Less than 4 hours a day 4-8 hours a day More than 8 hours a day

When you are not at home, where will this dog stay? _____

What activities would you like this dog to be involved in? _____

Under what circumstances would you not keep this dog? _____

Are you interested in attending dog training classes? Yes No

What qualities are important to you in a dog?

- Easygoing Easy Care Easy to Train Ready to go, go, go! Happy-Go-Lucky
 Already Knows Sit, Down, Stay Cuddly/Snuggly Loves other Dogs Housebroken
 Protective of Me & My Property Loves all People Quiet, Doesn't Bark A Lot
 Other: _____

I certify that the above information is true and correct to the best of my knowledge. I understand that AVHS has the right to refuse adoption for any reason.

Signature _____ Date _____

Our Vision

To be a model of excellence in the advancement of animal welfare.

Our Mission

Auburn Valley Humane Society enriches the lives of companion animals and people through animal sheltering, programs, and community engagement.
4910 A St SE Auburn, WA 98092 | 253-249-7849 | www.auburnvalleyhs.org

For Shelter Use Only

Application Reviewed by: _____ Date _____

Staff Initials, if applicable:

_____ Medical Conditions & Medication

_____ Special Diet

_____ Behavior Concerns

_____ Other

Adoption Contract

As the Adopter, by initialing below, I agree and understand the following provisions:

- _____ **Authority to Contract:** I acknowledge that I am 18 years of age or older and have the authority to make decisions for my household.
- _____ **As-is:** I understand that I am adopting this animal "as-is", with all existing conditions, faults, or otherwise, and realize this animal may need further training and/or treatment. I understand that AVHS has taken all steps to fulfill the ordinary standard of care of medical and veterinary treatment for this animal.
- _____ **No Warranties:** I understand that AVHS makes no expressed or implied warranty or representation as to the animal's nature or inclination to behave a particular way, including the possible bite, attack, or injury to a person or animal. I also understand that AVHS does not guarantee the age, health, breed, habits, temperament, or general behavioral condition of this animal.
- _____ **Animal History:** I agree that I have received and understand the Medical and Behavior History of the animal I am adopting.
- _____ **Medical Exam:** I understand the importance of taking this animal to the veterinarian within 10 days of adoption as any animal may be harboring illness that is not apparent at the time of adoption. I understand that AVHS is not responsible for any medical fees incurred after the adoption date.
- _____ **Return Policy:** I understand that not all adoptions are a perfect fit, and that AVHS offers a 30 day Return Policy. Prior to considering returning an animal within the initial 30 day period of adopting from AVHS, I understand I must schedule an appointment by calling 253-249-7849. I understand that if I fail to schedule an appointment to return this animal that my adoption credit may be subject to forfeit.
- _____ **Non-Refundable Adoption Fee:** I understand if this animal becomes ill, dies due to illness, or is unacceptable for any reason, I may return the animal to AVHS within 30 days from the date of adoption and that I will be issued an adoption credit good for 6 months from the date of the return. I understand that no refunds will be issued for any reason. I understand if I wish to return this animal to AVHS after 30 days of the date of adoption I will be subject to a surrender fee.
- _____ **Restrictions on Use:** I agree that the animal I am adopting will not be used for rituals, racing, fighting, medical or experimental purposes.
- _____ **Compliance with Animal Laws:** I agree to abide by my city, county, state, and federal animal-related ordinances and statues with regard to animal care, inoculations, custody, control, and humane treatment of this animal.
- _____ **Humane Care:** I agree that I am fully committed to the humane, compassionate, and lifelong care of my adopted animal. This includes seeing to all of the animal's physical, behavioral, social, and medical needs.
- _____ **Contract:** I understand that this written agreement takes precedence over any prior negotiations, representations or agreements, either written or oral.

_____ **Hold Harmless Agreement:** By adopting this animal, I assume all risks associated with ownership of this animal, including, but not limited to, injury to the animal itself, myself, other human beings, or other animals. I hereby fully and completely release, indemnify, defend, and hold harmless Auburn Valley Humane Society, its board members, agents, directors, employees, volunteers, and any other person associated with the organization from any claim, cause of action, and liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with the adoption, care, ownership, maintenance, temperament, or condition of the animal. This release includes, but is not limited to, the animal biting or attacking a person or animal, damaging property, or contracting contagious diseases, parasites, or other zoonosis. I accept sole responsibility for any harm caused by this animal to myself or a third party, and agree that Auburn Valley Humane Society will not be held responsible for any medical care or expenses incurred in relation to this animal. This agreement shall be binding on my heirs, administrators, successors and assigns.

I certify that I have read and understand the terms of this Animal Adoption Agreement.
By signing or electronically signing this agreement, I agree that I understand, acknowledge, and accept all of the above terms.

Adopter's
Signature _____ Date: _____

AVHS Representative
Signature _____ Date: _____

FOR SHELTER USE ONLY

I HAVE RECEIVED A COPY OF THE ADOPTION CONTRACT

Adopter's
Signature _____ Date: _____