



Ark-Valley Humane Society Information

Animal Name \_\_\_\_\_

AVHS # \_\_\_\_\_

PetPoint # \_\_\_\_\_

### Adoption Matchmaker Questionnaire

Name (as it appears on drivers license) \_\_\_\_\_ Today's Date \_\_\_\_\_

Full Name(s) of All Adults in Household \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you 18 years of age or older? Yes No

Do you have the consent of all other household members to make an adoption decision? Yes No

#### Home

How many adults live in your home? \_\_\_\_\_ How many children live in your home? What are their ages? \_\_\_\_\_

You live in a (please circle) Apartment Condo Duplex Single House  
Townhouse Mobile Home Other \_\_\_\_\_

Do you rent or own? (please circle) Rent Own If renting do you have landlord approval? Yes No

Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

#### Pets

Have you adopted from us in the past? Yes No Unkn Do you currently have any pets? Yes No Unkn

If yes, how many pets and what types? \_\_\_\_\_

Do your existing pets get along with other dogs? Yes No Cats? Yes No

#### Lifestyle

What is your primary motivation to adopt a new pet? (please circle) Protection Companionship Walking/Hiking/Exercise Partner  
Desire to Save a Life Ranching/Working/Mouser Hunting

Approximately how many hours will your pet be alone each day? \_\_\_\_\_

Where will your new pet spend its days? (please circle) Inside Crated Bedroom/Basement/Bathroom Barn Fenced Yard  
Free Roaming Tied Outside Kennel Run With Me Other \_\_\_\_\_

Where will your new pet spend its nights? (please circle) Inside Crated Bedroom/Basement/Bathroom Barn Fenced Yard  
Free Roaming Tied Outside Kennel Run With Me Other \_\_\_\_\_

By signing this form, I attest that all information provided is true and accurate. I further understand that completing this form is not a guarantee of adoption.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AVHS Staff Signature: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_



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## Pre-Adoption Contract

Today's Date \_\_\_\_\_

In order to finalize the adoption of \_\_\_\_\_, AVHS # \_\_\_\_\_, I understand that the animal must be spayed or neutered (unless waived for medical reasons by a veterinarian) and current or its rabies vaccination (unless under 12 weeks of age).

I agree to pick up this animal by 5 pm on \_\_\_\_/\_\_\_\_/\_\_\_\_ from AVHS, with the understanding that if the sterilization or vaccination was not performed due to any reasons prior to pick-up, AVHS retains the right to extend the pick-up time/date. If a date is not specified above, I agree to pick up this animal within 24 hours after being notified by AVHS by phone, # (\_\_\_\_)\_\_\_\_\_. If I do not pick up the animal, or make other arrangements with AVHS (719-395-2737), within 24 hours of the above stated date, or of being contacted by AVHS to arrange pick-up, I understand that AVHS will release the animal from this hold and it will be made available for adoption to the general public. I understand that if this occurs, my adoption fee of \$ \_\_\_\_\_ received by AVHS today, will not be refunded, but will be retained by AVHS as a donation.

I have agreed to pay the following boarding fee \$ \_\_\_\_\_ at the time of pick up/adoption for \_\_\_\_\_ nights of boarding (boarding fee is only charged for nights occurring after animal is available to go home).

**PLEASE READ THE FOLLOWING STATEMENTS. IF YOU DISAGREE WITH OR HAVE QUESTIONS ABOUT A STATEMENT, CONSULT WITH AN ADOPTION COUNSELOR.**

Once adopted, I agree to assume full responsibility for the veterinary care of this animal and will take this animal to a veterinarian for booster vaccinations if needed, as well as routine examinations and immunizations. I will take responsibility for complying with my local municipalities for licensing purposes.

I understand and agree that the actions of animals are unpredictable, I understand that an animal's behavior may change after it leaves the shelter and accustoms itself to a home or new environment, and that AVHS makes no guarantees or warranties, express or implied, as to the temperament, health, behavior, or mental disposition of any animal put up for adoption.

I understand that AVHS has made an effort to ensure my pet is in good health, although it is possible that an undetectable illness may be present at the time of adoption. AVHS strongly recommends that within two weeks of adoption, the adopted pet is seen by a veterinarian for a general health exam. I understand that I will be given a health record for the adopted pet at the time of adoption, which I agree to share with the pet's veterinarian.

I understand that I have 30 days from adoption to exchange this animal for a voucher that will apply the fee at the time of the adoption towards the adoption of another animal. AVHS reserves the right to refuse to extend the offer of a voucher.

I understand that pets may not be sold or surrendered except to AVHS or another "no-kill" or "minimal kill" shelter, or to a home well suited to the pet's needs. If I do rehome my pet, I agree to notify AVHS of the change in ownership. My pet may be returned to AVHS at any time. If I have owned my pet for more than six months, I may be asked to pay a surrender fee.

AVHS reserves the right to perform a home inspection at any time. If AVHS demands its return for any reasonable cause, I agree to return this pet to AVHS.

I understand that pets may not be adopted for experimental purposes, human consumption, unlawful activities, or for the consumption by another animal. Pets may not be adopted for purposes of being offered as prizes in raffles or drawings. I agree to not cosmetically alter this animal (declawing, cropping ears, docking tails, etc.).

I am at least 18-years of age and have the full consent of all adults in the household to proceed with this adoption.

I hereby acknowledge that I have read and understand each statement listed above. By signing this contract, I acknowledge that I am in full agreement of the terms outlined in this pre-adoption agreement and am the intended owner of the pet.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Adoption Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_