

# ADOPTION APPLICATION



**\*Animal Haven takes multiple applications on each animal and our process is not first come, first serve.**

200 Centre Street, New York, NY 10013

Animal(s) Names: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (other) \_\_\_\_\_

Adoption Fees:	
Dog	\$295
Puppy over 4 months	\$395
Puppy up to 4 months	\$450
	(+\$8.50 NYC dog license)
Cat	\$175
Kitten	\$200
2 Kittens	\$300

- Have you previously adopted from Animal Haven? Yes  No
- Do you live in a: House  Apartment  Condo/Co-op  Other
- Does your home allow dogs and/or cats? Yes  No  Not sure

Restrictions: \_\_\_\_\_

- What kind of pet would you like to adopt? Dog  Cat  Puppy  Kitten
- You are adopting for: Self  Gift  Family

6. Please list all of the pets you have now and the pets you have had in the last 10 years:

Dog/Cat	Name	Sex	Breed	Age	Spayed/Neuter	Inside/Outside	If you no longer have, why?
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- Are you willing to get your animal spayed or neutered? Yes  No
- Who is/will be your veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_
- If you have a cat, is she/he declawed? \_\_\_\_\_ If applying for a cat, do you have a SNAP test for your current cat? \_\_\_\_\_
- Please list all the people in your household, including yourself!

Relationship to you	Name	Age	Allergies?	Did they meet the animal?
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Self				

10. What is your occupation? \_\_\_\_\_  
 What are your hours? \_\_\_\_\_ Spouse/Roommate hours: \_\_\_\_\_

11. Please provide the name and phone number of a personal reference. *References may or may not be contacted.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

12. If approved, when is the soonest you can take this animal home? \_\_\_\_\_

13. Do you have any travel plans in the next month? Yes  No

14. Are you willing to provide a government-issued photo ID? Yes  No

15. How did you find out about Animal Haven? \_\_\_\_\_

## FILL OUT THIS SECTION IF APPLYING FOR A DOG OR PUPPY

- Circle all the reasons for wanting to adopt a dog/puppy: *(check all that apply)*  
Guard/Watch Dog       Hunting       Service Dog   
Breeding       Companion       Company for another pet
- Do you have a fenced yard? \_\_\_\_\_ How high? \_\_\_\_\_ Feet
- Do you have a balcony/terrace?      Yes       No
- Where will your dog sleep overnight?      Outside       Inside
- How many walks can be provided each day? \_\_\_\_\_
- When your dog/puppy is outside, she will be: *(check all that apply)*  
In a fenced yard       In a doghouse       In invisible fencing       Chained   
Walked on a leash       Allowed to run free       On a cable run       Local dog park
- What kind of collar will your dog/puppy be using: *(check all that apply)*  
Shock Collar       Prong Collar       Martingale       Harness   
Choke Collar       Everyday Collar       Training Collar       No Collar
- What training methods do you plan on using on your dog? \_\_\_\_\_
- This dog may not be completely house-trained. Are you willing to work with the dog?      Yes       No
- Are you willing to get the dog/puppy training classes?      Yes       No

## FILL OUT THIS SECTION IF APPLYING FOR A CAT OR KITTEN

- Check all the reasons for wanting to adopt a cat/kitten: *(check all that apply)*  
Mouser       Companion       Barn cat   
Breeding       Shop cat       Company for another cat
- Do you plan to declaw?      Yes       No       Not sure
- Do you have screened windows?      Yes       No
- Do you have a balcony/terrace?      Yes       No
- The cat will live:      Outside       Inside       Both
- Do you plan to take your cat for walks?      Yes       No       Not sure

### SECTION TO BE FILLED OUT BY STAFF

Animal Haven medically and behaviorally assesses each animal upon intake but cannot guarantee that all medical or behavioral concerns will display during their time at our shelter. When handing in the application, make sure you speak with our staff about any **possible** behavioral or medical conditions we know the animal might have.

I understand that \_\_\_\_\_ currently has \_\_\_\_\_.  
(animal's name) (possible condition)

He or she will need: \_\_\_\_\_  
(training / medication / treatment)

Your Initials: \_\_\_\_\_      Witness: \_\_\_\_\_      Date: \_\_\_\_\_  
(AH representative)

I hereby affirm that I have given true and accurate information on this application. I acknowledge that Animal Haven staff may or may not contact me if I am not approved for this adoption.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ANIMAL HAVEN RESERVES THE RIGHT  
TO REFUSE ANY ADOPTION FOR ANY REASON**