

**CARL W. NELSON ANIMAL SHELTER  
ADOPTION AGREEMENT**

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

Name of Animal \_\_\_\_\_  Dog  Cat Age \_\_\_\_\_ Color \_\_\_\_\_

Male  Female Spayed / Neutered  Yes  No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

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

County \_\_\_\_\_ Phone \_\_\_\_\_ May we text to this number? Yes No

Email Address \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Reference (name and phone#) \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

Do you?  Rent  Own

Is it a:  House  Condo/Town House  Mobile Home  Apartment  Farm

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

Number of people in household \_\_\_\_\_ Number of Children (under 14) \_\_\_\_\_

Adults in Home:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Does anyone in your household have allergies to animals?  yes  no

Have you, any current family member or any resident of your household been charged or investigated for animal abuse, neglect or cruelty?  Yes  No

Have you adopted from CWNAS before?  Yes  No If so, is the pet still with you?  Yes  No

Most companion animals live for 10-20 years, are you prepared to provide yearly veterinary care, grooming, emergency expenses, supplies, food and flea & tick prevention for the lifetime of this animal?  Yes  No

Some of our animals have pre-existing health conditions/health problems that may require further care by adopter (diet restrictions, long term medications, allergies, impaired vision/hearing, etc). Would you adopt an animal that has existing health problems?  Yes  No

**All animals making the transition from the shelter to a new home need time to adjust to a new family and may require housetraining and behavior training. Can you invest the time & effort to allow this pet to adjust to its new home?  Yes  No How long seems reasonable for this? \_\_\_\_\_**

Will this animal be kept indoors or outdoors? \_\_\_\_\_

**THIS SECTION FOR DOGS ONLY**

What are you looking for in a dog? (check all that apply)

house pet  child's pet  companion for other pet  hunting dog  outside dog  guard dog

What personality traits are you looking for in a dog? (check all that apply)

good with children  housetrained  past puppy stage  gets along with other dogs  
 gets along with cats  high energy  low energy  hypoallergenic  large breed  small breed

**DOGS ONLY CONTINUED:**

How will you keep this pet confined to your property? (check all that apply)

- tie out    completely fenced yard    partially fenced yard    kennel    invisible fence    on a leash  
 chain-link fence    Other \_\_\_\_\_

What are your plans for exercise routines? \_\_\_\_\_

**THIS SECTION FOR CATS ONLY**

Are you planning to declaw this cat?    Yes    No

Declawing may cause behavioral & housebreaking problems in the future, are you willing to work with these issues should they arise?    Yes    No

List all the animals that have lived in your household in the past five years:

Dog or Cat	Name	Breed	Spay/ Neuter Y or N	Age	Veterinarian Name/City	Current Status: Deceased, No Longer Own, Still Own

- If it is determined that this pet has not been altered, I agree to have this pet spayed or neutered as soon as possible. CWNAS will provide me with a certificate to have this animal spayed or neutered at no cost to me. I will assume all costs of any other post-adoption medical expenses.
- I agree that the Carl W. Nelson Animal Shelter is not responsible for any damages or injuries caused by this pet.
- I agree to cooperate with Carl W. Nelson Animal Shelter staff who make follow up calls to assist with any problems or questions I may have concerning this animal.
- I agree to abide by all local laws pertaining to animal control and ownership.  
I understand that the Carl W. Nelson Animal Shelter has the right to deny my application.

By signing below, I certify that the information I have given is true and that ALL household members agree to the adoption. I authorize investigation of all statements and understand that vets, landlords, references, etc may be contacted. I also agree to abide by this agreement.

Adopter(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**Staff Review**

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

If mailing this form, mail to: **CWNAS, P.O. Box 345, Mauston, WI 53948**