

**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**