

# **Washington Area Animal Adoption Group (WAAAG)**

# **Dog Adoption Application**

Date of Application:

Animal of Interest:

#### ABOUT YOU

1. Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Age \_\_\_\_\_\_\_\_\_\_\_
2. Home Address (street, city, state, zip)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mailing Address (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Email addresses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Telephone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Occupation/Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please list two personal references that we may contact:

Name Relationship Phone

Name Relationship Phone

1. How long have you been thinking about adopting a dog?
2. What are your primary reasons for wanting to adopt a dog?

Security Companionship For the children As a gift for someone Friend for current pet Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### ABOUT YOUR HOME

1. Is everyone in the household in favor of adopting a dog? YES NO
2. Does anyone in the household have pet allergies? NO YES, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please list EVERYONE that lives in the household:

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

1. Describe your home:
	1. Single Family House Townhouse Condo Apartment Other\_\_\_\_\_\_\_\_\_\_\_
		1. HOA member? YES NO If yes, do HOA rules allow pets? YES NO
		2. Any breed/size restrictions? NO YES, Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Owner Renter Sub-let Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. FOR RENTALS: Please attach Landlord’s written permission or applicable rental agreement page(s).
	3. Front door opens to street Front door opens into courtyard or entryway
2. Describe your yard:
	1. No Yard
	2. Unfenced Yard, yard size (sq footage/acreage):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Fenced Yard, fenced in area size (sq footage/acreage):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. Fence Height \_\_\_\_\_\_ Material: wood chain link brick other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Gates: How many?\_\_\_\_\_\_ Locks? YES NO Open to street? YES NO
	4. Yard Surface (grass, stone, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Besides people in your household, who has access to your yard? (gardener, pool cleaner, other children, utility, people in other units, other dogs, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT YOUR EXPERIENCE WITH DOGS**

1. How would you describe your level of experience with dogs? (Check all that apply)
	1. Never owned a dog
	2. Never owned a dog, but around family/friends’ dogs often
	3. Childhood pet
	4. Owned one or more dogs as an adult
	5. Dog-related business/profession - Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Foster/rescue experience – Name of organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. With what type of dogs do you have experience?
	1. Size less than 30 lbs 30-60 lbs 60+ lbs
	2. Breeds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you have children, please describe their experience with dogs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU CURRENTLY HAVE OTHER PETS**

1. Please list ALL pets that currently live in the household:

**Pet #1** - Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_

Weight\_\_\_\_\_\_\_\_\_ Spay/Neutered? YES NO Age of pet when you got it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you come to have this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet #2** - Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_

Weight\_\_\_\_\_\_\_\_\_ Spay/Neutered? YES NO Age of pet when you got it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you come to have this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet #3** - Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_

Weight\_\_\_\_\_\_\_\_ Spay/Neutered? YES NO Age of pet when you got it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you come to have this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet #4** - Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_

Weight\_\_\_\_\_\_\_\_\_ Spay/Neutered? YES NO Age of pet when you got it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you come to have this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have any of the above pets required a major surgery for an injury or illness? YES NO

If YES, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU PREVIOUSLY HAVE HAD OTHER PETS BUT NO LONGER HAVE THEM**

1. Please list the last 3 pets that are no longer with you due to death, returned, etc:

**Pet #1** - Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spay/Neutered? YES NO

What time period did you have this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happened to the pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet #2** - Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spay/Neutered? YES NO

What time period did you have this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happened to the pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet #3** - Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spay/Neutered? YES NO

What time period did you have this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happened to the pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did any of the above pets require a major surgery for an injury or illness? YES NO

If YES, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### PLANNING A PROSPECTIVE ADOPTION EXPERIENCE

1. When you go on vacation, who will care for this dog?
2. What kind of dog food will you feed this dog?
3. Do you have a regular Veterinarian? YES NO Name:
4. Who will groom and bathe this dog?
5. What will you use for flea/tick control?
6. Would this dog wear a collar? YES NO Sometimes-WHEN?
7. Would your dog walk off leash? YES NO Sometimes-WHEN?
8. What would happen to this dog if you had to move?
9. During a normal week, what is the longest this dog would be left alone each day?
10. Where will this dog spend its days? (inside, outside, etc.)
11. Where will this dog sleep?
12. Who will be ultimately responsible for this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. How will this dog get exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. How will you discipline this dog?
15. Will you plan to obedience train the dog? NO YES, How?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### ADOPTED DOGS – WONDERFUL BUT LESS THAN PERFECT

1. **What would cause you to reach your limit or want to return this dog? (Check all that apply):**

Hair on your furniture/Shedding Stains on rugs Animal on the bed Illness Humping

Aggression towards other dogs Barking Shy with people Biting Escaping

Other pets don’t like the dog Jumping up Poor watchdog Worms Digging

Housetraining challenges Growling at guests Needs grooming Chewing Vet bills

Not a good dog park dog Shy with dogs Food allergies Fleas Ticks

Aggressive on leash Carsickness Allergies Marriage Divorce

Doggie destruction OF WHAT Moving New Child

Spouse/partner does not like dog My financial problems

OTHER

* NOTHING. I will keep the dog until s/he is no longer alive, or I am, whichever comes first.

#### PLANNING FOR INVESTMENTS OF MONEY AND TIME

1. Dogs require investment of time and money. Can you afford to provide medical care, grooming, proper diet, shelter and exercise for this dog? YES NO

WITH LIMITS, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you able to make a long-term commitment to care for this dog? YES NO

WITH LIMITS, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If a behavioral challenge arises, will you seek help from a trainer? YES NO

#### PLEASE CHECK ALL THAT APPLY - YOU ARE WELCOME TO ASK QUESTIONS!

* I understand that WAAAG is an all-volunteer non-profit Virginia 501(c)3 charitable organization.
* I understand that paying for medical needs, spaying or neutering, routine vaccinations, and micro-chip identification systems, are necessary components of either preparing a dog for adoption, or immediate post-adoption costs that must be borne by adopters.
* I understand that the reimbursement level for necessary expenses for each animal averages between $200 and thousands of dollars, depending on the needs of each animal.
* I understand that all such expenses are directly funded by private donations, and are part of WAAAG’s history whether directly paid for by WAAAG or by private donations.
* I understand that an adoption fee is necessary to help offset costs incurred to rescue and care for each dog, therefore, **I agree to pay an adoption fee in the amount of**
	1. $450 puppies (up to 6 months of age)
	2. $400 dogs (age 7 months – 9 years)
	3. $350 senior dogs (age 10 years and older)
	4. I am not able to pay an adoption fee at this time because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I wish to donate an additional amount that represents my ability to further the rescue work necessary for this and every other dog to be rescued by WAAAG. Donation amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I understand that if this animal is not spayed or neutered at the time of adoption, I am responsible for spaying/neutering within 30 days (or by the age of 9 months if a puppy). I further understand that there is an extra $200 deposit that will be collected at the time of adoption and returned once proof of spay/neuter\* is provided to WAAAG. \*Spay/neuter done after adoption for this animal at Marshall Veterinary Clinic are at no cost to the adopter.

#### HOW DID YOU FIND OUT ABOUT WAAAG?

Facebook Instagram Twitter

Animal Adoption Web Site (PetFinder.com, etc.) Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by Friend/Acquaintance, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this form to **waaag@waaag.org**.

***Thank you for your interest in***

***Washington Area Animal Adoption Group (WAAAG)!***

Learn more at our website [**www.waaag.org**](http://www.waaag.org)

If/when the time comes that you will be visiting our facility for a meet and greet with this animal, please review and fill out the attached waiver

***FOR WAAAG USE***

### Review date Reviewed by (print name) OUTCOME / COMMENTS / RECOMMENDATIONS:

**WAAAG Guest Consent and Liability Waiver Agreement**

By signing my name below, I, as a guest for the Washington Area Animal Adoption Group (WAAAG), agree on behalf of myself and any of my agents, attorneys, legatees, successors, and assigns that I shall fully and generally be deemed to have renounced to, released and discharged WAAAG and each of its agents, attorneys, employees, officers, directors, successors and assigns from any and all liability, claims, charges, actions, causes of action and defenses of any nature whatsoever that arise as a result of my actions or interactions while a guest at WAAAG. This Guest Consent and Liability Waiver Agreement (“Waiver”) is a full general release and prevents me, among other things, from making a claim against, suing, attaching the property of or prosecuting WAAAG and each of its agents, attorneys, employees, officers, directors, successors and assigns for damages for death, personal injury or property damage which I may sustain or cause while a guest at WAAAG. This Waiver is also intended to discharge in advance WAAAG and each of its agents, attorneys, employees, officers, directors, successors and assigns from and against any and all liability, including for negligent actions, arising out of or connected in any way with my presence at WAAAG.

Please initial each statement (if under 18, parent/legal guardian should initial):

\_\_\_\_\_ I understand that working around and interacting with animals is an inherently dangerous activity.

\_\_\_\_\_ I understand that animals are unpredictable in nature and that serious injuries, death or personal property damage occasionally occurs during the handling of such animals.

\_\_\_\_\_ I understand that in many instances WAAAG does not know the complete medical history of its animals and that these animals may have unknown medical conditions and exposure to diseases, including but not limited to, rabies. I acknowledge by signing below that WAAAG makes no representations concerning any animal’s exposure to rabies or other zoonotic diseases.

\_\_\_\_\_ I, knowing the risks of participation, nevertheless, hereby agree that I assume those risks and further forever release and hold harmless WAAAG and its agents, attorneys, employees, directors, officers, successors and assigns who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

\_\_\_\_\_ I expressly agree that this Waiver shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia and is intended to be as broad and inclusive as permitted by such laws and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

\_\_\_\_\_ I attest that I am either: (i) eighteen (18) years old or older, am physically fit, and have no known conditions which may jeopardize my health or safety while a guest at WAAAG or; (ii) that I am less than 18 years old (and therefore a minor) and that I have a parent or legal guardian who is or will be with me at all times and solely responsible for my health and safety while at WAAAG and said parent or legal guardian has also executed their own Waiver.

\_\_\_\_\_ I agree to follow all laws, rules, and guidelines, regulations, policies, procedures, and ethics of WAAAG. I understand that my failure to do so will result in my immediate ejection from the WAAAG premises. I understand that in the event of an injury, I must immediately report to the WAAAG Executive Director.

\_\_\_\_\_ I agree that WAAAG and its agents and employees may use my photographs, my likeness, or my name in future promotions without my express, prior, written consent.

Guest Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18 - Parent/Legal Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18 - Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAAAG Use Only**

**Witnessed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**