

Animal Protection Society of Friday Harbor 111 Shelter Rd PO Box 1355 Friday Harbor WA 98250 (360)378–2158 Admin Office | (360) 378-2158 Shelter Office apsfh.com

ADOPTION APPLICATION CANINE

| NAME OF DO | G YOU WIS | SH TO ADOP | т : | | | |
|-------------------------------|--------------|------------------|--|-------------------|---|----------------|
| PERSONAL D | | | | | | |
| | | | | | | |
| Address | | | State | | Zin Codo | |
| | | | State | | | |
| Home Filone | | | Alternate Phor | ie | | |
| PLEASE LIST | NAMES A | ND AGES OF | EVERYONE LIVING | IN YOUR HOUS | SEHOLD | |
| Name & Age_ | | | Name | & Age | | |
| Name & Age_ | | | Name | & Age | | |
| TO YOU OR E | EACH OTHE | ER. | EFERENCES OF PE | Pi | NG WITH YOUR, And | |
| Name | | | | | 110110 | |
| Name of Veter | rinarian | | s section MUST be co | • | | |
| Address | | | Zin | Code | How many years | 2 |
| Home Phone | | | Zip Alternate Phor | ne | riow many years | • |
| - | | | | | | |
| LIVING SITUA | | | | | | |
| | | | Apartment | Condo | Boat | Other |
| 2. Do you rent | or own? | | | | | |
| If you rent: | Name and | Phone of Lar | ndlord : | | _ () | |
| | | | e for pets? YES / No | | | |
| | | | ction for pets? YES / | | | |
| 0 \\/\lands | | - | restrictions for pets? | - | | |
| | | | e circle all that apply) _/ PEN OUTDOOR | | | |
| 4. Do you have | e a fenced y | /ard? YES / N | IO (if no, how will yo | ou safely contain | pet outdoors?) | |
| • • | • | | when no one is hom | , | • | |
| 6. How would | you general | lly classify you | ır home? Quiet/Calr | n Moderately A | ctive Grand Centra | I Station |
| | | | | | | |
| ADDITIONAL | | | | | | |
| 1. Are you a fir | • | | YES / NO | | | |
| - | _ | - | ime? Please explain. | | N II OI D | |
| 3. If you adopt Personal Expe | _ | needs training | , how will you prepare | e (for example, C | bedience Classes, R | еас а Воок, |
| • | | cidents in you | r home while you nev | v pet adjusts? YI | ES / NO | |
| 5. What plan c | - | you use if "ac | cidents" continue to c | - | | aper Training, |

| 6. Do all household member un | | a few days / v | veeks for a new c | at to bec | ome adjusted | to its | |
|----------------------------------|----------------------|-----------------|-----------------------|------------|-----------------|-----------|--|
| new home and other pets? | | ma2 VEC / NC | | | | | |
| 7. Are there any children freque | | | | | | | |
| 8. Do you currently have any o | | | | | Vaccinated | V / N | |
| Name | | Age | Spay/Neutereu | T / IN | vaccinateu | I / IN | |
| Indoor / Outdoor | | ٨٥٥ | Snay/Noutored | V / N | Vaccinated | V / N | |
| Name | _ rype | Age | Spay/Neutered | | | | |
| Indoor / OutdoorName | — T | Λ | Consul/Novetons d | V / NI | \ | V / NI | |
| | _ rype | Age | Spay/Neutered | Y / IN | vaccinated | Y / IN | |
| Indoor / Outdoor | | -: toto-0 (r | -: VEC / | NO | | | |
| 9. Do you or any of your family | | | - | | | | |
| 10. Is each and every househo | nd member 100% in t | abor of adoptil | ng a pet?) YES | / NO | | | |
| If no, please explain | : ::" L ADO ELL | 10. VEQ./NO | | | | | |
| 11. Would you be open to a "ho | | | | | | | |
| 12. How many hours at a time | | | | | | | |
| 13. Where will your pet sleep w | | | | | | | |
| 14. What "traits/problems" wou | | • | • | | • , | | |
| Dominance Digging | | | | | newing Hype | | |
| | ng Aggression | | | | | | |
| | g Submissive/ | | | | | tive | |
| Overly Protective Too Ro | • | | | | | | |
| 15. How would you plan to reso | | • | ** | • | • | | |
| Seek Advice from Vet | | | Obedi | | | | |
| Surrender Pet to APSFH | | | | | | | |
| 16. What "traits" do you want ir | - | - | | - | endent Conf | ident | |
| Curious | | | | | | | |
| 17. What role will your new pet | | | | | - | | |
| Hunting | | | | | | | |
| 18. Have you ever surrendered | - | | | | | | |
| 19. Have you ever adopted a re | _ | ? | | | | | |
| 20. Who is your employer? | | | | | | | |
| Are you in the Military, Nationa | I Guard or Reserves? | ? | | | | | |
| By signing below, I certify th | e information provid | ded within thi | e annlication is t | rue and | correct Lur | ndoretani | |
| if I have given any false infor | - | | | | | | |
| be automatically denied. My | | | | • | | | |
| references and any other per | - | - | | - | | | |
| correct to the best of my kno | • | iny mat me n | normation within | ii uiis ap | pilication is t | iue aiiu | |
| correct to the best of my kno | wieuge. | | | | | | |
| SIGNATURE | | | | | DATE | | |
| | | | | | | | |
| *********** | ****** DO NOT WR | RITE IN BELO | <i>N</i> AREA ******* | ***** | ******* | ***** | |
| * | | | | | | | |
| APPROVED / DENIED | | | | | | | |
| PAID: YES/NO AMOUNT | | | | | | | |
| ANIMAL NAME | | | | | | | |
| IF PUPPY IS NOT YET SPAYE | | | | | | | |
| ADOPTION DENIAL REASON | : | | | | | | |