



Camano Animal Shelter Association
198 Can Ku Road Camano Island, WA 98282
camanoshelter@yahoo.com
360-387-1902

STAFF ONLY

Date application received _____ Contacted regarding application? _____

Approved _____ (initial) _____ (initial) Denied _____ (initial) _____ (initial)

Notes:

DOG ADOPTION APPLICATION

Date: _____

My ideal dog is: ☐ everywhere we are ☐ outside only ☐ mostly outside ☐ guard dog (check all that apply)

I am interested in a specific dog named: _____ and/or _____

APPLICANT CONTACT INFORMATION

► *Applicant*

First Name: _____ Last Name: _____ Age: _____

► *Co-Applicant*

First Name: _____ Last Name: _____ Age: _____

► *Residence*

Address: _____ where pet will live (NOT a P.O. Box)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ (XXX-XXX-XXXX)

Email address: _____

► Name of person(s) who the dog will be living with: _____

♥ How did you hear about this pet? ☐ Facebook ☐ Craigslist ☐ Newspaper ☐ Our website ☐ Other

1. What qualities are you looking for in a new dog? _____

2. Do you live in a.. house / apartment / condo / duplex-type Length lived there? _____

3. Do you rent or own your home? (circle one) Own Rent (Rent - any place you do not personally own)

If renting please provide the Landlord/Property Owner's name and phone number for verification

name _____ phone #(s) _____

4. How many people live in the home: _____ (and circle) Spouse/Partner Parents Roommates Me

5. List 5 words which describe your household: _____

6. Who will be responsible for the medical care, food, and supplies for this dog?

7. Do you have a completely fenced yard? Yes / No Approx. yard size? _____

8. What type and what height is the fencing? _____

9. Does your area have *breed specific legislation* that would prohibit you from legally housing this breed of dog? Yes / No / Not Sure _____

10. Is anyone in the household allergic to animals? Yes / No

11. Are there children in your home? Yes / No if yes, ages _____

12. Will there be children regularly visiting your home? Yes / No ages _____

13. Where will the dog sleep? Daytime _____

During the night _____

14. How many hours per day will the dog be left alone? _____

15. When left home alone, where will the dog be kept? _____

16. How will you exercise the dog? _____

17. Will you take this dog to a dog park? Yes / No _____

18. Will you have them off leash at any time? Yes / No _____

19. Do you have other dogs currently? Yes / No (Please provide age, if spayed/neutered, & temperament/personality)

20. Do you have other types of animals? ___None ___Cats ___Pocket Pets ___Reptiles
___Chickens/Fowl ___Farm Animals Other _____

21. Have you owned pets in the past? Yes / No How many? _____

What types and where are they now? _____

22. Have you ever given up a pet to a rescue organization or animal shelter? Yes / No

If Yes, describe the circumstances _____

23. What provisions would be made for your dog if you had to move? _____

24. Under what circumstances would you NOT keep your dog? _____

25. If your dog became destructive or developed behavioral issues, how would you correct it or what would you do to resolve the issue? _____

26. Why do you feel you are the right home for this dog? _____

27. If you are adopting a pit bull, why did you choose this type of dog and do you have experience with pitties? _____

28. Who is your current Veterinarian? *(Name, Location, Phone Number)* _____

29. Have you ever been arrested for cruelty to animals? _____

I understand that dogs placed by Camano Animal Shelter Association or C.A.S.A., have been acquired, fed, boarded, spayed or neutered, microchipped, and received necessary medical care and vaccinations at the expense of C.A.S.A. I understand that I will be asked to pay an adoption fee to C.A.S.A. as part of the adoption process.

I have answered all the above questions truthfully and to the best of my knowledge. I understand that if, for any reason, I can no longer care for or keep this dog, I must bring it back to C.A.S.A. during business hours and I will sign all necessary paperwork in order to do so.

I do understand that C.A.S.A. and its staff members reserve the right to deny my application for any reason whatsoever, including but not limited to, false or untrue adoption application information.

In checking this box I agree to all terms and conditions that apply to this application. ☐ *I agree*

Applicant Signature: _____ Date: _____

Printed Name: _____

Co-applicant Signature: _____ Date: _____

Printed Name: _____