



Central PA Humane Society (CPHS)
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CENTRAL PA HUMANE SOCIETY – DOG ADOPTION APPLICATION

Congratulations! You are beginning the process of bringing a life-long companion and family member into your home. This application is designed to help you select the dog that is best suited to your family and lifestyle.

Completing an application does not guarantee approval for adoption. Multiple applications may be placed on the same animal. We do not process them on a first come, first served basis. All applications are given equal consideration.

Only a COMPLETE application will be considered

Please read and initial that you have read and understand the above statement INITIAL: _____

Please initial that you have read each line below:

- _____ A \$5.00 non-refundable application fee must be paid when submitting your application.
- _____ All individuals who live in the home must visit with the shelter dog you are interested in adopting.
- _____ If you have other dogs living in the home a meet and greet is required.
- _____ Proof of current rabies vaccination for dogs and cats living in the home is required.
- _____ If you rent, verbal landlord approval is required.
- _____ Current proof of identification is required (driver's license). Must match address on application.
- _____ After your application is complete, you will be notified if you have been approved or not.

At the time of adoption, you will be asked to complete an adoption contract and pay an adoption fee. Our fees are:

Senior to Senior Program	Price - \$30
Dog 9 Years +	Price - \$80
Dog 6-8 Years Old	Price - \$150
Dog 1-5 years old	Price - \$300
Puppy Under a year	Price - \$400

Includes: • Spay/Neuter, current Rabies, Bordetella (kennel cough) and DHLPP (distemper/parvo) vaccinations, deworming, microchip, adoption fee and shelter ID tag.

Veterans & First Responders get 20% off adoption fees. Other specials may apply - ask for details.

PLEASE NOTE: AS A RULE, WE CANNOT HOLD ANIMALS FOR ANYONE. Please keep in mind that there is no such thing as a "PERFECT PET". Any adopted animal will require training, patience and ample time to adjust to its new home. While we carefully monitor animals surrendered to CPHS, we have limited knowledge of their background. Therefore, we cannot guarantee the health, behavior, age, gender, health care, or breed of any animal adopted from the shelter.

I acknowledge the information on this page and agree to the fees noted above.

Print Name

Signature

\$5.00 Application fee paid: ☐ YES ☐ TO PAY

Date of Application _____

I am interested in the following dogs						Office use:
1 st Choice	Intake #	Breed:	Age:	Gender M / F	Spay/Neuter YES / NO	<input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind
2 nd Choice	Intake #	Breed:	Age:	Gender M / F	Spay/Neuter YES / NO	<input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind
3 rd Choice	Intake #	Breed:	Age:	Gender M / F	Spay/Neuter YES / NO	<input type="checkbox"/> Approved <input type="checkbox"/> Went with another applicant <input type="checkbox"/> Customer changed mind

PRIMARY APPLICANT

Name: _____

Cell Phone: _____

Street Address: _____

Home Phone: _____

All addresses must include a street name (No PO Box #'s or RD #'s)

City: _____ County: _____ State: _____ Zip: _____

Employer: _____

Work Phone: _____

Email: _____

Driver's License # _____

Photocopy required

Are you a veteran? ☐ YES ☐ NO

Are you 65 years or older? ☐ YES ☐ NO

Are you a First Responder? ☐ YES ☐ NO

Entitled to discounted dog license

CO-APPLICANT

Name: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Applicant to complete:

1. Do you live in a ☐ House ☐ Apartment ☐ Mobile Home ☐ Dorm ☐ Other: _____

2. Do you ☐ Own ☐ Rent Other (please explain) _____

If you **RENT** your **HOME** or the **LAND** for your mobile home, please complete below:

Homeowners Name: _____

Phone: _____

Landowners Name: _____

Phone: _____

3. Does where you live have any restrictions on pets? Weight, type or number? ☐ YES ☐ NO

If YES, what are they? _____

4. How many adults live in your home? _____ Children? _____ Ages of Children? _____

5. Is anyone living in your household allergic to dogs and/or cats? ☐ YES ☐ NO

6. Why are you interested in adopting a dog? _____

7. The CPHS believes that adoption is forever, for the lifetime of the pet. Pets can live 10 to 20 years. Are you prepared to provide daily care (time and expenses) for this many years?
- ☐ YES ☐ NOT SURE (explain) _____
8. I want my new dog to be: (check all that apply)
- ☐ Inside ☐ Outside ☐ Enthusiastic ☐ Playful ☐ Laid Back ☐ Lap Dog ☐ Guard Dog
- Other: (please explain) _____
9. How many hours a day do you spend away from home? _____ ☐ Work ☐ School ☐ Other
- While away, how will the new dog spend its time? _____
10. Active and/or young dogs may require training to make them better, well-behaved companions. Are you willing to take on the added **expense, time and commitment** to help a dog become a compatible family member?
- ☐ YES ☐ NOT SURE (explain) _____
11. How will you handle a situation if your new dog claws, chews or shows signs of destructive behavior?
- _____
12. Pertaining to potty breaks would you: ☐ Walk the dog on a leash ☐ Place on a cable/tie out
- Check all that apply*
- ☐ Electronic fenced yard ☐ Fully fenced in yard ☐ Open door to let out freely
13. If a personal financial, health or some other situation arises and you cannot keep your pet, you are required to return the pet to CPHS. This way the pet can be re-adopted to another qualified family. If you feel you have a suitable home to rehome your pet to (i.e. family member/friend) instead of returning it, this must **first be approved by CPHS**. A transfer of ownership contract must be completed (*free of charge*) **before** the animal is rehomed. In initialing you understand that this will be part of the adoption contract. **INITIALS** _____
14. Pennsylvania State Law requires that all puppies/dogs that are three (3) to four (4) months of age or older shall receive regular vaccinations against Rabies. We also urge the following precautions:
- The pet should receive annual vaccines as recommended by your veterinarian.
 - The pet should always wear a safety collar with current identification information and rabies tag.
- Do you agree with these responsibilities: ☐ YES ☐ NO ☐ NOT SURE (please explain): _____
15. Pennsylvania State Law requires all animals adopted from shelters to be spayed or neutered within a specified period of time. How do you feel about spaying or neutering? ☐ AGREE ☐ DISAGREE ☐ NOT SURE

VETERINARIAN INFORMATION (if current pet owner)

☐ **NO PETS CURRENTLY**

Name of Veterinarian: _____ Phone Number: _____

Pet Owner's Name on record with Veterinarian _____

I understand that I must supply Rabies vaccination records for my pets to CPHS within 48 hours for consideration of my application. Failure to comply within 48 hours may result in revocation of my application. I am aware that prior to placement of a pet from CPHS, my currently owned pets, for their protection, must be up to date on necessary rabies vaccination. **INITIAL:** _____

LIST ALL THE ANIMALS THAT YOU HAVE OWNED OR LIVED WITH IN THE PAST FIVE (5) YEARS (LIVING & DECEASED)

TYPE (Dog, Cat, etc.)	PET'S NAME	BREED	GENDER	AGE	SPAYED / NEUTERED	Where is this animal now?	How long owned?
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		

☐ **NO PETS CURRENTLY** Please check if applicable

CPHS STANDARDS FOR ADOPTION

- All persons living in the household are to meet with and be involved in the selection of the pet.
- All adopted pets are always to be current on vaccinations and rabies inoculations.
- NO animal will be adopted as a gift for another person.
- According to the Pennsylvania State Laws, all dogs must be kept under control and cannot be allowed to run at large, so as not to create a public health and safety problem.
- Dogs are to be indoor pets only and are not permitted to be kept outdoors.
- No animal will be adopted to persons having extensive history of losing, giving away, selling or having animals injured or killed by moving vehicles.

I (WE) CERTIFY THAT ALL INFORMATION GIVEN IS CORRECT AND AGREE TO THE ABOVE CPHS STANDARDS FOR ADOPTION.

Primary Applicants Signature _____

Date: _____

Co-Applicants Signature _____

Date: _____

We are interested in how you heard about this animal(s)

☐ Visit to Shelter ☐ Petfinder Website ☐ Facebook ☐ WTAJ TV ☐ Petco ☐ CPHS Website

☐ Twitter ☐ Referred by someone ☐ Referred by Rescue Group ☐ Other _____

NEWSPAPERS: ☐ Altoona Mirror ☐ Tyrone Herald ☐ Centre Daily Times ☐ Traders Guide

RADIO: ☐ WALY 104 ☐ WFBG ☐ WRTA ☐ WRTN ☐ WBQX (Q94)

CPHS VISITOR WAIVER AND RELEASE OF LIABILITY FORM

This form must be signed prior to visiting any animal at the Central PA Humane Society (CPHS)

I wish to visit with shelter pets at CPHS. I understand that I do so at my own risk. I hereby release and waive all claims against the CPHS, and the entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me, any child (children), or any other person directly or indirectly arising out of, or in connection with my visit.

Visitor(s):

Visitor's Name: _____ Visitor's Signature: _____

Visitor's Name: _____ Visitor's Signature: _____

Visitor's Name: _____ Visitor's Signature: _____

If visitor(s) is under 18 years of age they must be accompanied by parent/guardian and parent/guardian must sign:

Child's Name/Age: _____ Parent/Guardian Signature: _____

Child's Name/Age: _____ Parent/Guardian Signature: _____

Child's Name/Age: _____ Parent/Guardian Signature: _____

Child's Name/Age: _____ Parent/Guardian Signature: _____

***Once again, we thank you for visiting the shelter and spending time with our animals.
We will review your application and contact you after review.***

CPHS MISSION STATEMENT

To prevent animal neglect and cruelty through education and enforcement while providing a safe haven and finding forever homes for those in need.

The Central PA Humane Society (CPHS), serving Blair and surrounding counties in Pennsylvania, is a charitable, non-profit 501(c)(3) organization dedicated to helping animals and people. The primary goal of CPHS is to find loving homes for adoptable animals.

*****THIS PAGE IS FOR SHELTER USE ONLY*****

Primary Applicant Name: _____ In Pet Point? ☐ YES ☐ NO

Co-applicant Name: _____ In Pet Point ☐ YES ☐ NO

Comments: _____

CPHS Standards for Adoption Signed: ☐ YES ☐ NO

Landlord contacted ☐ YES ☐ NO ☐ N/A Date: _____

Landlord approved ☐ YES ☐ NO ☐ N/A Date: _____

Vet records received ☐ YES ☐ NO ☐ N/A

Other dogs in home visited ☐ YES ☐ NO How many dogs to visit? _____ ☐ N/A

All family members visited ☐ YES ☐ NO Still to visit _____

SHELTER APPROVED: ☐ YES ☐ NO

If yes, by whom: _____

If no, then why? _____

Applicant Contacted ☐ YES Date: _____ Time: _____

NOTES: Include complete dates. Initial your notes.
