



# OUR ADOPTION PROCESS AND WHY WE DO IT THIS WAY

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**Please take a few moments to read the following explanation of our adoption policies and the steps that make up the process. You may be surprised that adopting an animal is a more involved process than you expected. The process is the same for everyone. It is not our intent to frustrate you. Everything we do is for the best interests of the animals in our care, and it is aimed at giving them the best possible chance of finding a permanent home. Please bear with us and be patient.**

Here are the steps you will go through in the adoption process:

1. You will be asked to sign an adoption contract and to pay an adoption fee. The adoption fee covers a spay/neuter surgery, all initial shots except rabies (must be given by a licensed veterinarian in Colorado), micro-chipping AND your registration, and a basic health examination (provided by a participating, local veterinarian of your choice). All adopted animals **must** be spayed or neutered.
2. For any animal adoption, we verify veterinary and/or personal references. For those who rent, we will verify a landlord's written permission to have a pet(s). For local canine/feline adoptions, home visits are discretionary. Locally, you must agree to allow an agent of HSPS to visit your home prior to taking an animal home. The entire process typically takes from 3 to 7 days.
3. At any point in the process, during or after, feel free to ask any questions you might have about bringing a new animal into your home.

Date \_\_\_\_\_

Are you interested in adopting a:  Dog  Cat

Animal's Name(s) you are interested in: \_\_\_\_\_

Your (& your Spouse's) Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ H?  C?  B?

Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_ H?  C?  B?

DL State & #: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

House  Apartment  Other: \_\_\_\_\_  Own  Rent

If you rent, provide name & phone of landlord. Attach written permission from landlord & proof of any pet deposit:

\_\_\_\_\_

Every potential adopter is required to completely fill out this form before being considered for a pet. This information will help us to make the adoption experience a good one for you and the animal.

Pre-Adoption Questionnaire

The Humane Society of Pagosa Springs reserves the right to refuse any adoption.

List up to four other pets you currently own:

	<b>Dog or Cat (D/C)</b>	<b>Name</b>	<b>Breed</b>	<b>Age</b>	<b>M/F</b>	<b>Spayed / Neutered (S/N)</b>	<b>Time Owned</b>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

List up to four pets you have owned in the past 5 years, but no longer have:

	<b>Dog or Cat</b>	<b>Name</b>	<b>Age</b>	<b>M/F</b>	<b>Spayed/Neutered (S/N)</b>	<b>Time Owned</b>	<b>Reason No Longer At Home</b>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

Who is/was your **Veterinarian**? \_\_\_\_\_ Phone:(\_\_\_\_)

Is everyone in your household aware that you are adopting a pet?  Yes  No - If not, please explain:

Is anyone in your household allergic to animals? \_\_\_\_\_

Number \_\_\_\_\_ of children in household and their ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Will this animal be given as a gift?  Yes  No

Do you plan to care for this animal for its lifetime?  Yes  No

Who will be the primary caregiver providing food/water/training/veterinary care? \_\_\_\_\_

Will you keep this pet:  Indoor  Outdoor  Indoor/Outdoor Explain: \_\_\_\_\_

The pet will sleep:  Indoor  Outdoor  Indoor/Outdoor Explain: \_\_\_\_\_

When outdoors, will the pet be:  Chained  Fenced  Unrestrained  Leashed

What type of shelter will be provided? \_\_\_\_\_

How many hours per day will the pet be left alone? \_\_\_\_\_

Will you have your pet routinely vaccinated for rabies and other pet diseases?  Yes  No

If you move, will you take the pet with you?  Yes  No

List **3 references** with phone numbers (ONE RELATIVE ONLY PLEASE):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that I have answered the above questions truthfully and accurately. I agree to allow an agent of the Humane Society of Pagosa Springs (HSPS), or their representative, access to my property at any time for pre-adoptions AND post-adoption visits. I agree to allow an agent of HSPS to remove from my premises any animal or animals adopted from HSPS if the information I have provided is found to be false, or if my home or the animal(s) is deemed unsuitable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_