

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 _____
8. How long have you been thinking about adopting a dog? _____
9. 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

10. Is everyone in the household in favor of adopting a dog? YES NO
11. Does anyone in the household have pet allergies? NO YES, Explain _____
12. 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 _____
13. Describe your home:
 - a. Single Family House Townhouse Condo Apartment Other _____
 - i. HOA member? YES NO If yes, do HOA rules allow pets? YES NO
 - ii. Any breed/size restrictions? NO YES, Explain: _____
 - b. Owner Renter Sub-let Other _____
 - i. FOR RENTALS: Please attach Landlord's written permission or applicable rental agreement page(s).
 - c. Front door opens to street Front door opens into courtyard or entryway
14. Describe your yard:
 - a. No Yard
 - b. Unfenced Yard, yard size (sq footage/acreage): _____
 - c. Fenced Yard, fenced in area size (sq footage/acreage): _____
 - i. Fence Height _____ Material: wood chain link brick other _____
 - ii. Gates: How many? _____ Locks? YES NO Open to street? YES NO

- d. Yard Surface (grass, stone, etc.) _____
- e. 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

15. How would you describe your level of experience with dogs? (Check all that apply)
- a. Never owned a dog
 - b. Never owned a dog, but around family/friends' dogs often
 - c. Childhood pet
 - d. Owned one or more dogs as an adult
 - e. Dog-related business/profession - Explain _____
 - f. Foster/rescue experience – Name of organization _____
16. With what type of dogs do you have experience?
- a. Size less than 30 lbs 30-60 lbs 60+ lbs
 - b. Breeds _____
17. If you have children, please describe their experience with dogs: _____

IF YOU CURRENTLY HAVE OTHER PETS

18. 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? _____
19. 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

20. 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? _____

21. 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

- 22. When you go on vacation, who will care for this dog? _____
- 23. What kind of dog food will you feed this dog? _____
- 24. Do you have a regular Veterinarian? YES NO Name: _____
- 25. Who will groom and bathe this dog? _____
- 26. What will you use for flea/tick control? _____
- 27. Would this dog wear a collar? YES NO Sometimes-WHEN? _____
- 28. Would your dog walk off leash? YES NO Sometimes-WHEN? _____
- 29. What would happen to this dog if you had to move? _____
- 30. During a normal week, what is the longest this dog would be left alone each day? _____
- 31. Where will this dog spend its days? (inside, outside, etc.) _____
- 32. Where will this dog sleep? _____
- 33. Who will be ultimately responsible for this dog? _____
- 34. How will this dog get exercise? _____
- 35. How will you discipline this dog? _____
- 36. Will you plan to obedience train the dog? NO YES, How? _____

ADOPTED DOGS – WONDERFUL BUT LESS THAN PERFECT

37. 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

- 38. 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 _____
- 39. Are you able to make a long-term commitment to care for this dog? YES NO
WITH LIMITS, Explain _____
- 40. 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**
 - a. \$450 puppies (up to 6 months of age)
 - b. \$400 dogs (age 7 months – 9 years)
 - c. \$350 senior dogs (age 10 years and older)
 - d. 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

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: