



ADOPTION CONSULTATION FORM (APPLICATION)

To apply for adoption of this **Animal ID# A** _____ available to adopt on _____ at _____ am | pm, you must fax **(951) 413-3769** or email animalshelter@moval.org this **completed application** with a copy of your **current ID**.

NAME: _____

ADDRESS: _____ **APT** _____ **CITY:** _____ **ZIP CODE:** _____

CELL PHONE: () _____ **WORK PHONE:** () _____

EMERGENCY CONTACT: () _____ **E-MAIL ADDRESS:** _____

We are glad you have made the decision to adopt a new pet. The following information is to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with you and your lifestyle. All dogs, cats, puppies and kittens will be altered and microchipped before leaving per California state law.

1. Do you understand that your name and information will be checked in our system to confirm that you do not have any history of animal abuse, neglect or irresponsible pet ownership? Yes No
2. Are you 18 years or older (required)? Yes No (Please be prepared to show valid ID)
3. Why do you want a pet? _____

4. Why did you select this particular pet? _____
5. Do you live in a house? Or Apartment? Own Rent | Lease
6. How many people live in the home? _____ Adults _____ Children _____ Ages _____
7. Are there children who visit the home regularly? Yes No Ages _____
8. How many other animals do you currently have? Dogs _____ Cats _____ Other _____
If you have pets, what breeds? _____
9. Have you had pets in the past? Yes How many? _____ No
If yes, what happened to them? _____
10. Where will the pet stay during the day? _____
11. Where will the pet stay during the night? _____
12. On an average how long will the pet be alone each day? _____
13. Where will the pet be kept when it is alone? _____
14. Do you have a yard? Yes No What is the height of the fence around the yard? _____
Locked? _____
15. Will you exercise your pet? Yes No
16. Do you understand that your new pet may show unexpected and unwanted behaviors, such as destructive chewing, loud | excessive barking, pet aggression, separation anxiety and even signs of human aggression, until he | she becomes comfortable in your home? Yes No
17. How will you handle behavior problems when they appear? _____

18. This pet may not be housebroken. How will you houstrain the pet? _____

19. What is the name of the Veterinarian to whom you will take your pet? _____

20. What would you do with the pet if something happened and you could no longer keep the pet?

As a Responsible Animal Caretaker (Please read and initial)	Initial Here
• I will provide my pet with good care, including making sure my pet has appropriate food, water, shelter, veterinary care, exercise, toys and attention.	
• I will make sure my dog has a current rabies vaccination (after the age of 4 months), has a current license and wears a collar with current license tag attached.	
• I will keep my dog on a leash in public areas throughout the City of Moreno Valley.	
• I will watch for any signs that my dog may be developing any behavior problems, especially signs of aggression towards other animals, and address these issues quickly, such as contacting a dog trainer for assistance. <u>I understand that it is never recommended to leave my dog unsupervised with children.</u>	
• I will take the appropriate actions to prevent my dog from barking incessantly and disturbing the peace and comfort of others. I understand that it is not recommended to leave my dog outside at night.	
• I understand that it is illegal to keep my dog chained or tethered.	
• I have considered the time and financial demands of having a pet. I understand that caring for a pet can cost approximately \$50-\$100 a month and that I need to spend time with my pet each day to keep my pet healthy and happy.	
• I have checked with my homeowner's insurance or landlord if I am going to adopt an animal such as a Rottweiler, Pit bull, Chow, Akita, Doberman, cat, etc. since some insurance companies and landlords exclude these breeds from their policies.	
• I understand that if I am no longer able to keep or care for my adopted pet that I am responsible to re-home my pet.	

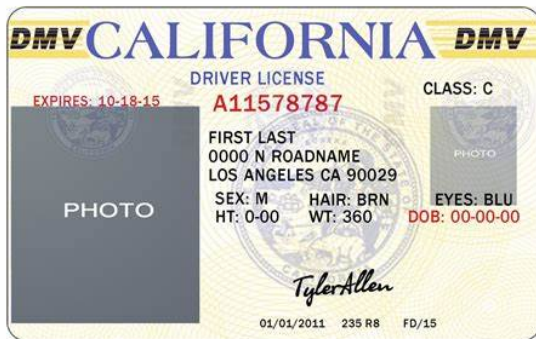
_____ I understand that if the Veterinarian determines that the animal cannot be spayed or neutered a **\$75.00 Spay | Neuter Deposit** will be required. *(Refundable by mail upon receipt of certificate within the timeframe given).*

_____ I understand a **\$20.00 Rabies Deposit** is required for dogs under the age of 4 months. *(Refundable by mail upon receipt of certificate within the timeframe given).*

Acknowledged and agreed:

Signature: _____

Date: _____



OFFICE USE ONLY							
SPAY NEUTER DEPOSIT	YES	NO	RABIES DEPOSIT	YES	NO		
REASON:					WEIGHT:		
SUPERVISOR APPROVAL					DATE:		
	YES	NO	INITIAL	COMMENTS			
PERSON APPROVAL							
ANIMAL APPROVAL							