

Dog's Name: _____ Date: _____



Animal Shelter of MV
One Pennywise Path
PO Box 1829
508-627-8662
Edgartown, MA 02539

Dog Adoption Form



The goal of our Adoption program is to find permanent, loving responsible homes for Island animals in the care of the ASMV. We try to find a match that considers not only the best interests of the animal, but also those of potential owners.

The day you take home a new pet is the day you begin a special friendship. While you'll have many years together, your pet will never outgrow his or her need for you. Our staff is here today and for the life of your pet, to provide information and advance on pet care and responsibility,

Name _____

Mailing Address: _____ Physical Address _____

City _____ State _____ Zip _____

Home phone: _____ Cell Phone _____

Where do you work? _____

Work phone including area code _____

Email (please print clearly) _____

Do you: (circle one) Own Rent
Apartment House Condo Mobile Home Other

Landlord's name (if applicable) _____

Landlord's phone _____

How did you hear about the Animal Shelter of Martha's Vineyard? _____

Please provide the following information about your household:

How many adults? _____ How many children? _____ Ages of children _____

Does any member of your household have allergies to animals. Yes No

What animals have you owned in the past five years?

<u>Name</u>	<u>Type of Animal</u>	<u>Age</u>	<u>Sex</u>	<u>Still own?</u>

Your veterinarian: Name _____ Town _____

Do you understand that all animals adopted from us must be spayed or neutered? Yes No

Your new dog could live longer than 15 years.

Please tell us why you would like to adopt a dog?

Will this dog be kept (please circle) indoors outdoors both

Your new dog will be alone (without human companionship) for _____ a day.

Where will your dog be kept during this time

An MV Shelter staff member will discuss the following:

Adjustment to new home

Health/veterinary care

Expense

Leashing/Licensing

Housebreaking

Identification

Exercise

Obedience/Training

Feeding

Problems with

Excessive Barking

Chewing

Fence Jumping

Digging

Please write any other questions or concerns you may have:

ASMV makes no guarantees or statements regarding the dog's age, breed, health or temperament. While ASMV has made every effort to provide an accurate history and assessment of the dog, ASMV is not able to guarantee the dog's age, breed, medical status or history, behavior or disposition. Adopter hereby releases ASMV and its employees, directors, representatives, predecessors, successors, and assigns of any and all possible claims arising from injury or damage caused by the dog to the any person or property or relating to the health or temperament of the dog, including any expenses related thereto. Adopter accepts this dog as is without warranty and with all defects, either observable or unobservable, and assumes all risk for the dog upon signing of this adoption application.

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the ASMV has the right to deny my request to adopt any animal and I authorize investigation of all statements in this application.

Signature: _____

Date _____

Office Use Only:

Animal Shelter Staff Member: _____ Animal Name _____

ASM ID # _____ Approved _____ Denied _____ Reason _____

Landlord Contact: Date _____ Comments _____