

For Office Use Only

Applicants Name _____

Date Submitted _____

Type and Size of Animal desired _____

Staff: Please initial upon completion: _____

_____ Application questions complete

_____ Background check completed by

_____ Verified Spay/Neuter on animals at residence

_____ Verified all dogs are licensed at residence

_____ Fence Check completed by Officer

_____ Landlord approval obtained

_____ Recheck fence by Officer

_____ Approved for adoption

Date _____

Applicant Notified Date _____ Time _____

_____ **Special Instructions** _____

Must show proof of, or purchase license(s) for current dogs
Size Restriction: _____ dog only.

Application denied Date _____

Reason for denial: _____





Benicia-Vallejo Humane Society
1121 Sonoma Blvd.
Vallejo, CA 94591
(707) 645-7905 Ext 101

Adoption Agreement: Please print clearly _____

Date _____ CDL#/ID# _____
Name _____ Address _____
City _____ Zip _____
Home Phone # _____ Work Phone # _____

Please Circle One: Dog Cat Male Female

I understand that the Benicia-Vallejo Humane Society makes no warranty in regards to the health of this animal. I understand that this animal came to the shelter as a stray or surrender and that I may return the pet for the adoption refund only, not the spay/neuter fee or other veterinarian bills associated with this adoption, within 7 days of the adoption date on this form.

Initials _____

I agree to provide humane care for this animal, and provide any needed medical care. I further agree that I will return this pet to the shelter in the event I can no longer keep/care for this animal or if I cannot find a good home for it. A surrender fee will be charged if after seven days of adoption.

Initials _____

I maintain that this pet will not be used for fighting or as bait. I also agree that this pet is solely for companionship and will be cared for in a humane and safe environment.

Initials _____

All dogs in Solano County 4 months of age or older are required to be licensed. I agree to obtain the license within the stated deadline.

Initials _____

Please indicate your reason(s) for wanting to adopt.

_____ Watchdog _____ Companion _____ Breeder _____ House pet
_____ For children _____ Companion for other pet(s) _____ Status symbol

Please Print clearly

Name _____ CDL#/ID# _____

Address _____ City and Zip _____

Home Phone _____ Work Phone _____

Employer _____ Employer address _____

Below, Please check the type of housing that you live in:

_____ Own Condo _____ Rent Home _____ Rent Mobile home

_____ Own Home _____ Rent Condo _____ Rent Apartment

How long have you lived at you present address? _____ Years _____ Months

If you rent, what is your landlord's name and phone #? _____
(Landlord approval must be confirmed before adoption)

If less than two years at your current address please give previous address: _____

Is the yard where the dog will be kept fully enclosed and/ or fenced in? Yes _____ No _____
Type of fence? Wood Wire Brick Height of fence? _____

Is anybody in the household allergic to any type of animal? _____ Yes _____ No

If you answered yes to the above, what kind of animal? _____

How many adults in the household? _____ Children _____ Ages _____

Please list all current or previous (within the last 5 years) pets:

Type of pet Age Sex Altered Name How long owned Currently still with you?

Adoption Application con't: _____

How long will your pet be left alone during the day? _____

Where will the pet be kept during the day? _____

During the night? _____

If the dog will be outdoors, Please describe the available shelter. _____

Do you plan on training your pet? _____ Yes _____ No

Who will be the primary person responsible for the pet's care? _____

For Office use only

Name: _____ Date _____ V# _____

Address _____ City and Zip: _____

Home phone # _____ Work phone # _____

Dog _____ Cat _____ Other _____

Male _____ Female _____ Breed/type _____

Adoption Fee: \$ _____ Taken to what VET ACV BPH

Pet Supplies: \$ _____ SPV Glen Cove Bayside Vet

Total _____ Other _____

Cash _____ Credit _____

CATS

DOGS

FVRCP Vaccination _____
Information packet _____
ID Tag _____
Microchip ID # _____
Cat Carrier _____
Collar _____

DHLPP Vaccination _____
Information Packet _____
ID Tag _____
Microchip ID # _____
County License _____