Dog’s Name: ___________________ Date: _____________

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?

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