



21940 450th Street
 Havelock, Iowa 50546
 712-776-2784 "Beside you is the best place to be"

Due date of spay/neuter: _____, 20____

Prior to the adoption of an animal, we ask that you complete this application. This information will help the shelter achieve its goal of finding permanent and loving homes for the animals in our care and allow the shelter to better assist you in finding a pet suited to your needs.

To be considered for adoption today you need to:

- Be at least 18 years old
- Have a valid government issued photo ID
- Have knowledge and consent of all adults living in your household
- Have landlords consent

ADOPTION APPLICATION for Dog Puppy Cat Kitten Other
 Name of Pet: _____ Sex: Male Neutered Male Female Spayed Female

Adopter Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Alternate Phone: _____ Email: _____

Why do you want to adopt this pet? _____

How many pets do you currently have in your household?

Cat Breed(s): _____ Spayed/Neutered? Yes No Ages: _____
 Dog Breed(s): _____ Spayed/Neutered? Yes No Ages: _____
 Other: Types: _____ Ages: _____

Have you ever adopted a pet from this or any other Animal Shelter? Yes No

If yes, what? _____ Where is this pet now? _____

Have you ever surrendered an animal? Yes No

If yes, why? _____

What is your housing situation? Own Rent Other
 House Farm Apartment Mobile Home Condo/Townhouse

Are you planning to move in the next six months? Yes No

If yes, what will you do with your pet? _____

Are there children living/visiting in the household? Yes No Ages: _____

Does anyone in the household have allergies? Yes No

If yes, how do you plan to manage this issue? _____

Will this pet be kept indoors or outdoors? Indoors Outdoors Both

How will the pet be confined to your property?

Indoors Only Kennel Fenced Yard Invisible Fence On a leash Tie Out

Can you afford veterinary care, grooming, emergency expenses, supplies and food for the lifetime of this pet?
 (These expenses can often add up to hundreds of dollars each year) Yes No

All pets making the transition to a new home need time to adjust to a new family and may require housetraining and behavior training. Are you willing to provide any needed training? Yes No

Information regarding the history, health and behavior of adopted animals may not be available or accurate.

What behavior(s) would you be unwilling to work with? _____

What reason(s) might cause you to return this pet? _____

Because so many shelter animals have unknown medical histories, a quarantine period is recommended if you have other pets at home. Are you able to separate this new pet from your other pets? Yes No
 N/A

Reference: 1. Name: _____ Phone: _____
Address: _____ City: _____ State: _____
2: Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Veterinary Clinic: _____ Phone: _____

A medical history based on best knowledge and belief of the Safe Have Animal Shelter of NW Iowa:

Vaccination type: _____ Date: _____
Vaccination type: _____ Date: _____
Wormer type: _____ Date: _____
Additional type: _____ Date: _____

____ ADOPTER UNDERSTANDS THAT HE/SHE IS FINANCIALLY RESPONSIBLE FOR SPAY/NEUTER, SHOTS AND ANY OTHER VETERINARY CARE NEEDED FOR THIS ADOPTED PET.

____ ADOPTER UNDERSTANDS THAT THE SAFE HAVEN ANIMAL SHELTER IS NOT RESPONSIBLE FOR ANY HARM AN ANIMAL MAY CAUSE TO ANY PERSON(S), OTHER ANIMAL(S) OR PROPERTY.

____ ADOPTER AGREES TO RETURN THE ADOPTED ANIMAL TO SHASNWIA IF, FOR ANY REASON, THEY CANNOT CARE OR KEEP THE ANIMAL AND ALSO NOTIFY US SHOULD THE ANIMAL BECOME LOST OR STOLEN. There is no surrender fee for returning an adopted pet. There is no refund of the adoption fee.

____ ADOPTER AGREES NOT TO SELL OR GIVE AWAY THE ADOPTED ANIMAL WITHOUT THE PRIOR CONSENT OF A DIRECTOR OF SAFE HAVEN ANIMAL SHELTER.

Section 162.20 of the Iowa Code requires that persons adopting a dog or cat from an animal shelter must enter into and comply with a sterilization agreement which provides that the dog or cat will be sterilized by a licensed veterinarian.

Section 162.20 also provides that a person who does not comply with the provisions of the sterilization agreement is GUILTY of a SIMPLE MISDEMEANOR.

Section 162.20 provides that the animal shelter, NOT the Adopter, owns the adopted dog or cat until the dog or cat is sterilized by a licensed veterinarian and the terms of the sterilization agreement have been satisfied and accordingly, custody of the dog or cat can be taken by the animal shelter if the sterilization agreement is breached by the Adopter.

Section 162.20 (4) (b) provides that a person who FAILS to return a dog or cat upon receipt of a demand letter from the animal shelter is GUILTY of a SIMPLE MISDEMEANOR.

ADOPTER AGREES THAT HIS/HER SIGNATURE INDICATES THAT THE ADOPTER HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES WITH ITS TERMS.

By signing below, I certify that the information I have given is accurate and complete.

Signature: _____ Date: _____

STAFF ONLY

____ I have reviewed the application for adoption.

____ I have called references and they have checked out.

____ I have explained to the adopter that SHASNWIA is not responsible for spay/neuter, shots or any other veterinary care after adoption is completed.

____ I have retained a copy of a government photo ID

____ I have explained all of the conditions of Section 162.20 of the Iowa Code about adoptions.

SHASNWIA DOCUMENT of SPAY/NEUTER

Sterilization Requirement: Adopter expressly agrees to have the pet sterilized by a licensed veterinarian, as stated in Section 162.20 of the Iowa Code, on or before

_____, 20__.

Shelter name of pet: _____

New name (if changed): _____

Name of owner: _____

Veterinarian's Signature: _____

Printed Name: _____

Address: _____

Phone: _____

Date spayed/neutered: _____

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******This document is to be dropped off or mailed to:***

***Safe Have Animal Shelter Of NW Iowa
21940 450th Street
P.O. Box 35
Havelock, Iowa 50546***

within seven days after the date stated above.