

PRE-ADOPTION APPLICATION

Our goal is to create a lifetime match for you and our companion(s), therefore we have designed an adoption process which has three Phases. The first Phase is this application. Once you have completed this application, save it to your hard drive and **email to RVASpets@msn.com** or **FAX to 515.432.1970** or **US Mail to: RVAS, PO Box 38, Boone, IA 50036**. Applications are processed Tuesday-Friday during normal business hours. You will be notified via telephone or email once the application process is completed. For more information regarding our adoption fees, services and adoption process visit <http://www.raccoonvalley.com/adoptinfo.htm>.

PERSONAL INFORMATION

Full Name: _____	Partner Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Telephone: () Cell ()	Telephone: () Cell: ()
Email Home: _____	Email Home: _____
Email Work: _____	Email Work: _____
D-License #: - - DOB: _____	D-License #: - - DOB: _____

FAMILY INFORMATION

Adopter Info: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/>	No. of Children: Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/>
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EMPLOYER INFORMATION

Employer: _____	Employer: _____
Telephone: () - _____	Telephone: () - _____
May we contact your employer for verification? YES <input type="checkbox"/> NO <input type="checkbox"/>	May we contact your employer for verification? YES <input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL INFORMATION

Housing Accommodations: Own <input type="checkbox"/> Rent <input type="checkbox"/> <i>(Check all that apply)</i>	<i>If Renting provide the following:</i> Allows Pets YES <input type="checkbox"/> NO <input type="checkbox"/>
House in House on Condo- Apart- Mobile City Acreage Duplex minium ment Home	Name of Complex: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Address: _____
	Contact: _____ Deposit? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Telephone: () - _____

PET INFORMATION

I am interested in: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>	Name of Companion: _____
<i>(check all that apply)</i>	
I want this companion for: <i>(check all that apply)</i>	Self <input type="checkbox"/> Kids <input type="checkbox"/> Pet <input type="checkbox"/> Protect <input type="checkbox"/> Mouser <input type="checkbox"/> Hunting <input type="checkbox"/> Barn <input type="checkbox"/> Outdoor <input type="checkbox"/> Other <input type="checkbox"/>
This companion will live: <i>(check all that apply)</i>	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Garage <input type="checkbox"/> Shop <input type="checkbox"/> Basement <input type="checkbox"/> Barn <input type="checkbox"/> Dog House <input type="checkbox"/> Run Free <input type="checkbox"/> Other <input type="checkbox"/>
This companion will be confined by:	Kennel <input type="checkbox"/> Crate <input type="checkbox"/> Chain <input type="checkbox"/> Leash <input type="checkbox"/> Tied Out <input type="checkbox"/> Fence <input type="checkbox"/> Elec. Fence <input type="checkbox"/> Run Free <input type="checkbox"/> Other <input type="checkbox"/>
This companion will be left alone each day for:	10+ hrs <input type="checkbox"/> 8-10 hrs <input type="checkbox"/> 6-8 hrs <input type="checkbox"/> 4-6 hrs <input type="checkbox"/> 2-4 hrs <input type="checkbox"/> 0-2 hrs <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Other <input type="checkbox"/>
If away, my companion will be cared for by:	Relative <input type="checkbox"/> Family <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Sitter <input type="checkbox"/> Board It <input type="checkbox"/> Vet <input type="checkbox"/> Left w/Food <input type="checkbox"/> Other <input type="checkbox"/>
This companion will be trained by:	Myself <input type="checkbox"/> Trainer <input type="checkbox"/> Classes <input type="checkbox"/> Shock Collar <input type="checkbox"/> Friend <input type="checkbox"/> Clicker <input type="checkbox"/> Family <input type="checkbox"/> Books <input type="checkbox"/> Other <input type="checkbox"/>

PET HISTORY

(please list all the companions you have had in your lifetime)

Name of Pet	Species	Breed	Age	Sex	Spay/Neuter	Still Own	Deceased When	Kept Where

Have you ever applied or adopted from RVAS (formerly RVHS) before? NO YES

If YES did you adopt or try to adopt one of the following: DOG CAT OTHER

Name of Companion: _____ Year Adopted: _____

Still Living? YES NO If NO, age when deceased: _____ How? _____

REFERENCES

Please list (3) references below. Failure to list these references may delay or cause this application to be in default. **Professional** can be an employer, co-worker or professional you do business with. **Personal** can be a friend or relative as long as they do not reside at your residence. **Veterinarian** reference is required, even if your pet is deceased. If you are a first time pet-owner, please list the veterinarian of your household pets growing up. It's important you notify your references and give them permission to talk to us. To expedite this process, please provide us with telephone numbers and proper Clinic names or Veterinarians.

Veterinarian: _____	Telephone: () - _____
Professional: _____	Telephone: () - _____
Personal: _____	Telephone: () - _____

By entering your name and/or signing below I certify that the information I have given is true and that I recognize that any misrepresentation of these facts may result in my losing the privilege of adopting a companion from RVAS. I also understand that RVAS has the right to deny my request to adopt a companion for any reason and I authorize RVAS to pursue an investigation of all statements on this application for verification.

If submitting by email, enter name in signature area.

Signature of Adopter: _____ Date: _____

Signature of Partner: _____ Date: _____

RVAS OFFICE USE ONLY

Vet Reference Checked By: _____ Date: _____
 Comments: _____

Professional Reference Checked By: _____ Date: _____
 Comments: _____

Personal Reference Checked By: _____ Date: _____
 Comments: _____

ADDITIONAL NOTES

ADOPTION STATUS

Approved: Denied: Pending: Reviewed by: _____ Date: _____
 Comments: _____
 Adopter called on: _____ By: _____ Pick Up Date: _____

PAYMENT

Amount Due _____	Hold Amount _____	Add'l Amount _____	Balance _____
Date Paid _____	Date Paid _____	Date Paid _____	Date Paid _____
✓ or Cash _____	✓ or Cash _____	✓ or Cash _____	✓ or Cash _____
Name: _____	Name: _____	Name: _____	Name: _____