



Please Save First!



## Adoption Application and Contract

This questionnaire must be completed by anyone interested in adopting a pet. We try to place our animals into permanent, responsible homes, while matching the pet to you and your lifestyle. NOTE: THE PROVIDING OF FALSE INFORMATION HEREIN WILL RESULT IN THE FORFEITURE OF ADOPTION FEES AND ANY ANIMALS ADOPTED. **We reserve the right to refuse an adoption based on poor or incomplete vet history.**

Animal Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Home phone \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ State: \_\_\_\_\_

1. Have you ever adopted from the Caldwell Animal Rescue before? Yes \_\_\_ No \_\_\_

If yes, do you still have this pet? Yes \_\_\_ No \_\_\_

If no, what happened to this pet? \_\_\_\_\_

2. I want this pet for: Myself \_\_\_ Gift \_\_\_ Family Pet \_\_\_ Companion for pet \_\_\_ Working/Farm \_\_\_

3. Do all members of your household want a new pet? Yes \_\_\_ No \_\_\_

If no, please explain \_\_\_\_\_

4. Please list all people your new pet will be living with: (Please specify age)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

5. Do any members of your household have allergies to specific animals? \_\_\_\_\_

6. Type of home (circle one): House Apartment Condo Townhouse Trailer Farm Other

7. Do you own your home? Yes \_\_\_ No \_\_\_

If you are renting does your landlord allow pets? Yes \_\_\_ No \_\_\_

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

8. Do you want this pet to live: Inside only \_\_\_ Outside only \_\_\_ Inside/Outside

(explain) \_\_\_\_\_

9. Where will this pet be kept when you **are** home? \_\_\_\_\_

10. Where will this pet be kept when you are **not** home?

Indoors\_\_\_ Basement\_\_\_ Garage\_\_\_ Crate\_\_\_ Outdoors\_\_\_ Tied outside\_\_\_ Outdoor Kennel\_\_\_  
Other (explain)\_\_\_\_\_

11. In a 24-hour day, how long would the pet be left alone at a given time?\_\_\_\_\_

12. Do you have a fenced yard? Yes\_\_\_ No\_\_\_ Height\_\_\_\_\_ft Type\_\_\_\_\_

13. If you do not have a fence how will you provide exercise? \_\_\_\_\_

14. Have you ever given an animal away? Yes\_\_\_ No\_\_\_

If yes, please explain \_\_\_\_\_

15. What kind of life changes would cause you to give up an animal?  
\_\_\_\_\_

16. Has a dog died on your premises of distemper, parvo or unknown causes in the last twelve months? Yes\_\_\_ No\_\_\_

17. Given the possibility of housetraining difficulties, please explain your expectations on this tedious and sometimes frustrating task.  
\_\_\_\_\_  
\_\_\_\_\_

17. What happens to the pet if you discover a bad habit we have not identified?  
\_\_\_\_\_

**Do you currently own a pet?**

**Name Dog/Cat Breed Age**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are their vaccinations up to date? Yes\_\_\_ No\_\_\_

Are they all Spayed? Neutered? Yes\_\_\_ No\_\_\_

Are your dogs on heartworm preventative? Yes\_\_\_ No\_\_\_

Please explain any No answers: \_\_\_\_\_

Who is your Veterinarian?\_\_\_\_\_

Driver's license #\_\_\_\_\_

Where did you hear about this animal?

With my signature below, I signify I understand that:

- **I am 18 years of age or older**
- I will provide **food, shelter, medical care, love and affection** for the lifetime of this animal, which could be as long as **20 years or more**.
- I will give my dog (s) Heartworm prevention monthly, **as prescribed by my Veterinarian**.
- I will not de-claw a cat adopted from Caldwell Animal Rescue (forward referred to as CAR).
- I agree to take this pet to a Veterinarian for exams and vaccines at least once yearly and as needed, and to provide vet care, at my own expense, should this animal become ill or injured.
- I am not adopting this dog to be used as a guard dog, or to be chained/tied outside.
- **CAR does not convey irrevocable ownership** of the adopted animal to me.
- **I cannot sell, transfer, trade, give away, or lease** the adopted animal to any person or organization without **first notifying CAR**.
- I am **legally obligated to return** the animal to CAR if such transfer above is not approved.
- CAR has permission to inspect the premises under which the animal is kept at **any** time.
- Agents of **CAR may remove the animal from my control** if conditions are deemed unsuitable.  
**Examples:**
  - If the animal is chained or permitted to run at large
  - If food, water and/or shelter provided for the animal is inadequate
  - If I have falsified any information on this application
- I agree that I will have no recourse of any kind resulting from such action by CAR
- CAR makes **no representations or warranties regarding the health, size or temperament** of the animal being adopted hereunder, and CAR expressly disclaims the same.
- I agree to hold harmless CAR, its officers, directors, agents and representatives for **any and all claims, losses and damages**, whether to the person or property, which might arise as a result of the subject animal's health condition or behavior.
- This application remains the property of CAR.
- I am stating that the above information is true.
- I agree that I will ensure this animal is spayed/neutered either as provided by the associated CAR veterinarian or my own. If I choose my own I will be responsible for that cost.
- By signing below, I authorize agents of CAR to contact my previous veterinarians to receive medical records for my pets.
- My Signature also constitutes a release to use my image on promotional materials for CAR.

Attached is a health history form. I certify I have reviewed this form and understand the particular health needs of this pet and will provide any necessary follow up care.

If for any reason this pet does not work out within seven (7) days of adoption he/she may be returned to CAR and a refund less a \$20 processing fee per animal will be provided.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPLICATION SUBMITTED TO STAFF ON \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_