



Date:	DOG ADOPTION APPLICATION		
Name or Description of Dog:			
Your Name:			
Street Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Email Address:			

Mark applicable boxes below with an ' X '

Do you live in a: house apartment mobile home condo dormitory

Do you: rent own live with parents

If you rent, we require a copy of your lease or the portion which states you have permission to have a pet on the premises.

Required: Name of Landlord: _____ Ph: _____

Is there anyone home during the day? Yes No Hours at home: _____

How long have you resided in your present location? _____

Should you have to move, for any reason, whether locally, out of state or overseas, will you keep your pet with you?

Yes No What kind of plan do you have for your pet(s) if you aren't willing to keep them?

Has any of your pets ever gotten lost? Yes No If yes, please explain below:

HISTORY		Mark 'yes' or 'no' boxes with an ' X '			
Have you owned a pet in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Cats	# of Dogs		
Have you adopted from us in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?			

PETS - Please list pets you now have in your home

What is your pets name?	Cat (C) or Dog (D)		Sex		Spayed or Neutered?		Age	How long have you had him/her?	Up to date on Vaccinations?		
	C	D	M	F	Yes	No			Yes	No	Not Sure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previously Owned Pets - Please list pets you have owned in the past 5 years

Name of Pet	Cat (C) or Dog (D)		Sex		Spayed or Neutered? *		Age	Dates Owned	Why do you no longer have this pet?
					Yes	No			
	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

* If your current pet(s) or pet(s) previously owned were not spayed or neutered, please explain below:

Name of your current or previous veterinarian: _____

Phone: _____

When was your current pet(s) last visit to the vet and why? _____

Why do you want to adopt a dog now?

Companion for me Companion for family member Companion for another pet

Companion for child Other: _____

Where will your dog spend most of its time? _____

If you work during the day - what is your plan for the dog? (In the space below, please describe the area in which the dog will be kept and how many hours the dog will have to stay alone.)

What will you do if your dog chews furniture or shows destructive behavior?

Do you have children? If yes, what are their ages? _____

How many people live in your house? _____

Are there any known allergies that would prevent a dog from living with you? Yes No

Are you financially prepared to give this dog routine and, if necessary, emergency medical care? Yes No

Are you ready and willing to make such a long-term commitment to a pet? Yes No

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(See additional information on Page 3 and also the Adoption Contract page)

Would you agree to follow-up visit(s) to see how your new family member is doing?

Yes No

If no, please explain why in the space below:

References (please provide three)

Name	Phone Number	Relationship to You

ADDITIONAL INFORMATION:

- We reserve the right to do a home check at any point after the adoption.*
- All currently and recently owned cats/dogs must be spayed or neutered, and we verify this when we call your veterinarian's office.*
- Submitting an adoption application does not guarantee adoption. We carefully screen all adoption applicants, and all applications are reviewed by our adoption committee. We reserve the right to refuse any adoption, and the foster home has a say in all adoptions.*

By signing this form, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application.

Signature

Date



Adoption Contact

I, _____, adopt this animal and give up any claims for personal injury and/or property damage to myself or anyone or anything associated with this adoption. I agree to all of the following statements:

The welfare of this animal is solely mine.

I am adopting this animal for myself and/or my family. I am not adopting this animal for another person or any other agency.

This animal will not be used for breeding, medical or experimental purposes. I agree that if I give false information or do not comply with the terms of this contract, the animal will be removed from my premises and legal proceedings will be brought against me.

I agree to provide any medical care this animal needs now or will need in the future including routine/annual inoculations and exams. I agree to have this animal tested under the advice of my veterinarian.

I agree to contact Animal Outreach immediately if this animal becomes lost. I understand that in Cape May County, Animal Control policies are in transition and losing an animal may mean the life of the animal.

I will never abandon or sell this animal and will never give it up to a shelter or to another person. If circumstances demand that the animal no longer can live with me, I will call Animal Outreach to provide enough time to arrange for re-adoption or foster care.

I agree that this animal will be kept safely indoors and not allowed outside.

I agree to a home visit and follow-up visits and/or phone calls. I understand that if conditions warrant it, the animal may be removed from my premises and this adoption will be voided.

I agree that I will not declaw any pet(s) adopted from Animal Outreach and understand that doing so may result in having the pet removed from my home.

I will not hold Animal Outreach responsible for errors in any information provided to me about this animal.

I understand the adoption fee is \$60 for cats and \$75 for kittens, which will include first shots, spay/neuter of the animal, and a first visit to a participating veterinarian in the area.

I accept all responsibility and liability for this animal as of the date of adoption.

Date

Animal's Name

Adopter's Signature

Adopter's Printed Name

Internal use only:

Adoption Counselor: _____ Follow-up calls: _____

Home visit completed: _____

Notes: _____