



Name of Dog _____

Date adopted _____

Adoption Application/Contract

We require you give careful consideration to adopting this companion animal. They are not toys, baby substitutes, nor short term interests. Make sure your lifestyle allows the time, patience and EXPENSE this animal will need over the years of it's life.

- 1.) Adoption fees are NOT refundable unless the animal has a medical issue that Rescue/adopter was not aware of at the time of adoption.**
- 2.) You ARE required to return the animal to foster/rescue if the adoption is a failure. You are NOT permitted to rehome or give the animal to someone else.**
- 3.) You must be 21 or older to adopt from us.**

Name _____ Email _____

Street address _____

City _____ State _____ Zip code _____

Length of time at present residence _____

Which do you currently live? __Home__ __Apartment__ __Mobile Home__

Do you currently own or rent your home? Own__ Rent__ Lease expiration__

Landlord information including phone number _____

Is there a breed/weight restriction on lease? _____

Driver's License # _____ State of Issue _____

Home# _____ Cell# _____ Work# _____

Employer _____

Length of time at job _____

Is this your first pet? __Yes__ __No__

Veterinarian _____ Phone number _____

Name and address of Vet Hospital _____

May we call your veterinarian for a reference? __Yes__ __No__

Name of current animals under vet care _____

Where do you keep these animals? _____

Have these pets been spayed/neutered/up to date on vaccinations? __Yes__ __No__

Why do you want to adopt this animal? (Circle all that apply)

Personal/family companion__ Guard dog__ Hunting dog__ Housepet__ Other__

How many adults in household? _____ Children (ages) _____

Is someone home during the day? _____

Where will the animal be kept during the day? _____

Where will the animal be kept during the night? _____

How many hours will the animal be left alone? _____

Please explain _____

Will you keep the animals up to date on vaccinations? _____

Will you keep the animal on monthly heartworm prevention? _____

Who will care for the animal if you go on vacation? _____

*If you move, will you take the animal with you? _____

*If you have to move will you take into consideration you have a pet and move somewhere that allows pets? _____

In the event of a hurricane, will you take the pet with you? _____

Please explain your plan _____

Has any application been denied to adopt an animal? __ Yes _____ No _____

Please explain why you were denied _____

Have you ever surrendered an animal to an animal shelter? __ Yes _____ No _____

Please explain why you surrendered an animal _____

Are you willing to let us inspect where the animal will be living? __ Yes _____ No _____

Are you willing to take financial, physical and medical responsibility for the animal during it's lifetime? _____

Will you allow this or any animal to ride in the back of a pickup truck? _ Yes _____ No _____

Will you be able to exercise the animal on a regular basis? __ Yes _____ No _____

Describe method of exercise _____

Will you agree to NOT leave an animal unsupervised inside your home or out in your yard and make arrangements to crate if unable to supervise? __ Yes _____ No _____

Part 2-----Acknowledgment and Agreement (Read and initial each statement that applies to you).

_____ I have a fenced in yard (height) _____ 4ft _____ 5ft _____ 6ft

_____ I do not have a fenced in yard.

_____ I will walk my dog several times daily. I understand lack of daily exercise results in unwanted behaviors in dogs.

_____ I will not tie out, chain or put on a zip line any dog under my care.

_____ I will not at any time allow my animal to run loose without supervision.

_____ I understand the nature of heartworm disease and will provide my animal with monthly heartworm preventative pills.

_____ I will provide monthly heartworm preventative EVERY month for the lifetime of the dog.

_____ I understand that Heartworm preventative can only be dispensed by a veterinarian.

_____ I must take my animal to a veterinarian if sick, diseased or injured.

_____ I understand that animals require yearly vaccines in addition to yearly rabies vaccines and yearly vet checks to insure the health of the animal.

_____ I understand that the **LAW** requires rabies vaccinations to be current on all animals.

_____ This adoption group has made known to you, vaccines, spay/neuter and health history of this animal. This adoption group will supply me with a copy of the animal's health record if I am approved for adopting this animal.

_____ I understand that I **MUST** provide flea prevention for my animals to insure proper health.

I understand that lack of flea prevention will cause worms and other parasites to invade my animal.

_____ *I am able to provide **lifetime financial responsibility** for this animal.

_____ ****I will NOT abandon this animal, give this animal to another person, sell on Craigslist or rehome this animal, take to a shelter or sell/give to a laboratory.**

_____ *I will return this animal, with their medical records, to Roseys Rescue, Rosey Milazzo-Kirby (910-547-0998) if I am unable to care for this animal for ANY reason.
(Please give enough notice so that a foster can be found).

_____ I will not keep this animal on any property where a “NO PETS” policy is in effect.

_____ I will obey all laws, restrictions, and ordinances in my community governing control and custody of animals.

_____ I will hold harmless this adoption group for any veterinary fees or claims incurred by OR damage caused by this animal while in my care.

_____ *I will notify this adoption group if this animal becomes lost and will make reasonable efforts to find the animal.

_____ I will NEVER subject this animal to cruelty, unkindness and neglect and authorize this adoption agency at it's sole discretion to determine whether the animal has been abused or neglected.

_____ I understand that this animal may have been neglected, mistreated or abused and that special care may be required.

_____ I understand that puppy's/dogs chew and have sharp claws that need to be trimmed.

_____ I agree to take this animal for veterinary care within 4 weeks of adoption.

_____ ***I understand that any information I have supplied is found to be false, or non-compliance of this contract, the adoption agency has the right to immediately confiscate the animal without payment of compensation to me.**

Health Disclosure

Dogs: Adult dogs have been vaccinated for Rabies, Distemper, Hepatitis (CAV-2), Parainfluenza, Parvovirus, Corona, Leptospirosis. Dogs are treated for fleas, ticks and wormed for hook, round and whip worms, Dogs are tested by veterinarian for heartworms and treated if positive. You must put on monthly preventative heartworm pill to prevent heartworms.

Puppies: Puppies are given minimum 2 vaccines for Distemper, Hepatitis (CAV-2), Parainfluenza, Parvovirus, Corona. They will need additional vaccine/vaccines to protect them from these diseases.

Adoption may incur between the necessary vaccinations and new owners MUST follow up with all required vaccinations with their veterinarian.

We strive to screen animals, and inform prospective owners of any perceivable problems, however some problems may not be evident at the time of adoption. If adopted animal has health problems for which the adopter does not want to assume responsibility, the animal MUST be returned to Roseys Rescue, Rosey Milazzo-Kirby (910-547-0998) , within 30 days with a vet hospital statement regarding diagnosed condition for full refund of adoption fee.

By signing this document, adopter agrees to all requirements herein contained and this agreement is a legal binding contract and is non-transferable. Adopter agrees that the animal will be cared for and supervised in accordance with the restrictions, ordinances and laws of adopters community. Adopter understands that we cannot guarantee the health, temperament or training of the animal and hereby releases and holds harmless this adoption agency from any claim, cause of action, liability for any injury or damage to property once the animal is in the adopters possession. Adopter agree that we may take back the animal if these statements are false.

Adopter Signature _____ **Date** _____

Printed name of Adopter _____

Signature of Volunteer Rosey Milazzo-Kirby _____

\$ 275.00 **Non-refundable adoption fee received:** CASH _____ CC _____