



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.

**Adoption fees are NOT refundable unless the animal has a medical issue that Rescue/adopter was not aware of at the time of adoption.**

**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 pets.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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 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 & have sharp claws & need to be trimmed.

## **RETURN POLICY**

We will accept animals back within 30 days after adoption. However, your adoption donation will not be refunded.

- \_\_\_\_\_ \*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, within 30 days of adoption.

After the 30 day period, animals may be put on our waiting list to be surrendered back to us. We do ask that adopters always contact us if, for any reason, they can no longer keep a pet that was adopted from our rescue.

Nonetheless, we cannot guarantee to take that animal back into our adoption program at the time you are looking to rehome it.

Our priority is saving the lives of shelter dogs and dogs with medical issues and we can only accept owner surrenders if there is available space.

\_\_\_\_\_ **\*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** \_\_\_\_\_