

CITIZENS FOR ANIMAL PROTECTION DOG ADOPTION APPLICATION

You must be 18 years or older to adopt from CAP and to complete this Adoption Application.

	Adoption Process Time: (staff only)	Date _____
<i>Staff initial</i>	Start Time _____ Time Completed _____	Adoption Counselor _____
_____	Animal Information: (staff only)	Foster _____
_____	1st Adoption: Incoming # _____ \$ _____ \$ _____ Disc Type _____	
_____	2nd Adoption: Incoming # _____ \$ _____ \$ _____ Disc Type _____	
_____	Adopter Name _____ DL# _____	
History / Memos	Adopter Address _____ Apt _____	
	City _____ State _____ Zip _____	
	How long have you lived at this address? _____ Is this where the animal will live? __Yes __No	
	Phone1 _____ Cell__ Home__ Work__	
	Phone2 _____ Cell__ Home__ Work__	
	Your employer _____	
	I live in: ___Apartment ___House ___Condo/Townhome Other _____	
	___ I own my home	
	or ___ I rent my home - (Landlord or Apt Name _____ Phone _____)	
	or ___ Someone else owns my home (ex. parents, roommate, relative, etc) _____	
	Please list <u>all adults</u> living in the residence:	
	Name _____ Relationship _____	
	Name _____ Relationship _____	
	Name _____ Relationship _____	
	How many children live at this residence? _____ Ages: ____/____/____/____	

*Staff
initial*

Deposit

Rent

pets

Weight

CURRENT PET HISTORY: Please list pets you currently have:

Type of Pet	Age	Spayed/Neutered?	Kept inside? Outside? Both?

PREVIOUS PET HISTORY: Please list pets you have had in the past 5 years but no longer have:

Type of Pet	Age	Spayed/Neutered?	Reason no longer have

Have you adopted from CAP previously? _____ If yes, do you still have the pet? _____

What is the name of your veterinarian or clinic? _____

Are all your own animals current on vaccinations? _____ Current on heartworm preventative? _____

What is the name of the preventative? _____

Please tell us why you have decided to adopt an animal today _____

Who will be the primary care giver of this animal? _____

When you are at home, where will this animal be? _____

When you are out (work, errands, etc.) where will this animal be? _____

On a typical day, how long will this animal be left alone? _____

How will this animal be confined to your property? _____

What type of shelter will this animal have when outside? _____

Please check any of the following items that you would like information about:

___ Heartworms and their effect if not prevented ___ Importance of vaccinations

___ Housetraining ___ Crate-training ___ Leash laws in my area ___ Obedience training

___ How to discourage chewing or destructive behavior ___ Best types of dog food and treats

___ How to introduce this animal to my other pets ___ How to introduce this animal to my children

___ How to transport safely in a vehicle ___ Common diseases and what to watch for after I take this pet home

Please feel free to ask you adoption counselor any other questions or concerns you may have.

ADOPTION REQUIREMENTS : (Please read and circle YES or NO)

I agree to give CAP the authority to verify my information and I understand that CAP reserves the right to approve or disapprove my application based on the information provided. YES NO

I certify that all adults at this residence are aware and have consented to the adoption of this pet. YES NO

I certify that I have permission from my apartment complex or landlord to have this pet there. YES NO

I understand that CAP can make no guarantees as to the temperament or health of this animal and I can return this pet **within 2 weeks of adoption** if there is a temperament or health issue. YES NO

I understand that I may be eligible for an exchange (dependant on the circumstances) if I decide to return the pet within two weeks of adoption. YES NO

I agree to make an appointment with a veterinarian at a full service clinic **within 72 hours** of picking up the pet. I understand that this examination is free if I use the veterinarians on the list given to me. YES NO

I understand that I may call CAP if this pet becomes ill within two weeks of adoption (or if the free examination finds a health concern). I will be able to bring the pet in for a free veterinary evaluation. If the CAP veterinarian determines that the pet had a preexisting condition at the time of adoption or develops an illness that could have been obtained at CAP, I have the option to purchase medications at a minimum cost for my pet. Health issues that originate after 2 weeks of the adoption must be addressed at my own vet clinic. YES NO

I understand and agree that if I choose to have this pet treated outside of CAP, I will be responsible for all expenses that are incurred. YES NO

I understand and agree to provide proper care, companionship, medical treatment, obey local and state laws, and provide any other needs that will ensure this animal enjoys a happy, healthy and loving life. YES NO

If I can no longer care for this pet, I agree to return it to CAP and NOT re-home it. YES NO

I certify that I have answered all questions and provided information truthfully and to the best of my ability. I understand that any false information may be cause for denial of this application. YES NO

I understand that once this application is submitted, it becomes the legal property of CAP and information cannot be altered or changed. YES NO

I understand the contribution given by me is not refundable. YES NO

Signature _____ **Date** _____

STAFF USE ONLY:
Approved _____ by _____ or Declined _____ by _____ Manager _____
Reason _____