



# POST ANIMAL REFUGE CENTER

## Pet Adoption Application

Today's Date: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Welcome to the Post Animal Refuge Center's Adoption Program. The following information is requested so that we can assist you in the selection of a new dog. In order to be considered as an adopter, you must check the following:

- Be 21 years of age or older.
- Have identification showing your present address.
- Have the knowledge and consent of your landlord.
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care for a pet.

Name of applicant: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_

Would this be your first dog? \_\_\_\_\_

If you have dog(s), have they been spayed or neutered? \_\_\_\_\_

Are they current with vaccinations: \_\_\_\_\_

What happened to animals you no longer have? \_\_\_\_\_

If you have pets, will they adjust to a new dog in the house? \_\_\_\_\_

Why do you want this dog? \_\_\_\_\_

How many adults in your household? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages \_\_\_\_\_

Does any member of your family have an allergy to dogs? \_\_\_\_\_

Is someone home during the day? \_\_\_\_\_ Who? \_\_\_\_\_

How many hours of the day will the dog be without human companionship? \_\_\_\_\_

Do you live in: Apartment  House  Other \_\_\_\_\_

If you rent, may we contact the owner to obtain permission for this dog to live in your home? \_\_\_\_\_

Owner's name \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have a completely fenced yard? \_\_\_\_\_ Is there a gate? \_\_\_\_\_

Are there times when the dog will be tied up? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Will you keep the animal up-to-date on vaccinations? \_\_\_\_\_

Where will the dog be kept during the day? \_\_\_\_\_

Where will the dog be kept during the night? \_\_\_\_\_

If you go out of town, who will take care of the dog? \_\_\_\_\_

If you must move, will you take the dog with you? \_\_\_\_\_

How much are you willing to spend on medical expenses for your dog per year?

- Up to \$100.00    Up to \$500.00    Up to \$1000.00    Whatever it takes

Name of Veterinarian \_\_\_\_\_

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

Are you willing to have a representative of the **Post Animal Refuge Center** come to see where the dog will be living?  Yes  No

If you become unable to care for this dog, you agree to contact Post Animal Refuge Center and, upon request, return the dog to Post Animal Refuge Center.

COMMENTS BY APPLICANT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All of the above is true and I understand that the adoption application review may take some time, but I can contact Post Animal Refuge at any time about my application status. Applications are approved for the best suited home for the animal, not on a first come, first serve basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fees

**UPON ADOPTION APPROVAL AND RECEIPT OF ADOPTION FEE, THE ADOPTION CONTRACT IS EXECUTED. THE FEE COVERS THE ADOPTION FEE, THE SPAY/NEUTER SURGERY, RABIES, DISTEMPER VACCINES AND HEARTWORM TESTS. WE STRONGLY RECOMMEND THAT ALL DOGS BE SEEN BY YOUR VETERINARIAN SOON AFTER ENTERING YOUR HOME.**

**IT IS ALSO UNDERSTOOD, THAT, IF FOR ANY REASON, THE ADOPTION DOES NOT WORK OUT, THE PET WILL BE RETURNED TO POST ANIMAL REFUGE CENTER.**

**"I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED IN THIS DOCUMENT."**

**SIGNATURE OF PERSON ADOPTING ANIMAL**

\_\_\_\_\_