

Animal Shelter Relief Rescue

DOG AND PUPPY ADOPTION APPLICATION



P.O. Box 2682
Santa Cruz, CA
95063-2682

www.animalshelterrelief.org

Please print clearly

Date:		
Name of Adopter (one name only):		
Address (no P.O. Box):		
City:	Zip Code:	Email:
Home Phone:	Cell Phone:	Driver's License #:
Employer:	Work Phone:	
Names of Other Adults in Household:		
Have all adults in the household given consent to adopt a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does anyone in the household have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Children in Household:	Ages:	
Length of Time at Address?	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents	
Do You Live in a(n):	<input type="checkbox"/> House	<input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boat
Size Restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Landlord Name and Phone:	OK to Call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about our adoption program?		
Current veterinarian?		
MICROCHIP REGISTRATION		

All pets adopted through ASR Rescue are microchipped using 24PetWatch microchips.

24Petwatch requires the following information to register your pet.

Closest relative/friend who would know how to contact you:

2Name:

Phone:

PET HISTORY

CURRENT PETS

Pet #	Name	Type/Breed	Age	Sex	Altered Yes/No	Lives Inside, Outside, Both	How long have you been caring for this pet?
1							
2							
3							
4							

PAST PETS

Pet #	Name	Type/Breed	Age	Sex	Altered Yes/No	Lives Inside, Outside, Both	How long did you care for this pet?
1							
2							
3							
4							

Dog experience: First time guardian Had dogs as a child
 Have had one or two dogs in lifetime Knowledgeable and experienced

Have you ever had to surrender a pet to a(n): Animal shelter Friend Family member Other

Please explain:

If something unforeseen should happen to you, do you have a plan for your animals? Please explain:

Do you have a plan for future medical care? Please explain:

YOUR IDEAL DOG

Adult Size: 0-20 lbs 21-50 lbs 51-100 lbs Over 100 lbs

Age: 8-16 weeks 4-12 months 1-3 years 4+ years No preference

Sex: Male Female No preference

Coat: Short Medium Long Non-shedding No preference

My dog should have experience living with: Cats Dogs Children Other: _____

Our dog will live: Indoors Indoors/outdoors Outdoors Garage/run

When home alone our dog will be: In a fenced yard Inside the house In and out/doggie door
 On a runner Garage Crate

Our dog will sleep: In the house Backyard Crate Garage In our bed

Training: None is OK Prefer housetrained Some obedience training Fully trained

Exercise requirement: Low Medium High

Please describe the ideal dog to fit into your lifestyle:

Signature _____ Date _____

*The above information is true and correct to the best of my knowledge.
I understand that Animal Shelter Relief Rescue reserves the right to deny any adoption.*

Staff Comments

Approved? Yes No Decision by: _____

Notes: _____

Animal adopted: _____ Date _____



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ADOPTION RELEASE FORM

Thank you for choosing to adopt a pet from Animal Shelter Relief (ASR)!

The animals available for adoption through ASR come from a shelter environment and little is known about their past. We are very concerned with the health of the animals that are in our care. We exercise due caution to prevent disease transmission. However it is possible that your new pet may have been exposed to diseases that may not show symptoms for several weeks. Some of these diseases may be transmittable to other pets in your household and even to people. ASR will provide you information about the health care that we have provided to each animal in our care and any information about any prior care that may have been given by the shelter that we rescued the animal from. We can make no guarantee of the animal's health beyond the information we have been given or observed. We will **always** accept back any cat or dog previously adopted out through our program (a refund of the adoption fee will be given if the animal is returned to ASR within 30 days of the adoption date).

All animals have been surgically sterilized prior to being placed in adoptive homes. All kittens under 6 months of age have been tested for Feline Leukemia with a negative result on the test. All adult cats that have been rescued from a shelter will have been tested for Feline Leukemia and Feline Immunodeficiency Virus (Feline AIDS) with a negative result on the test. All animals will receive one (or more) FVRCP vaccines for cats and one (or more) DH2PP vaccines for dogs to prevent deadly diseases.

ASR strongly encourages a short quarantine period for newly adopted pets. During this period, your new pet should be housed separately from other pets in the home. This will let the pet adapt to the new environment and allow monitoring for any possible signs of disease that have not been observed during the time the animal has been in ASR's care.

It's imperative that you make an appointment for your new pets with a veterinarian as soon as possible. ASR offers a FREE appointment with our veterinarian with each adoption. Additional fees incurred (such as diagnostics, vaccines and/or medications) are the responsibility of the pet owner.

The adopter hereby agrees to:

1. Keep an identification tag attached to a properly fitted collar that will remain on the Adopted Animal at all times, whether inside or outside of the house, and to obtain all licenses required by local authorities.
2. Agree to provide the Adopted Animal with necessary food, water, shelter and appropriate veterinarian care.
3. I agree to have the Adopted Animal under my control when he/she is not within the confines of my property. A secure fenced area will be provided for dogs, including shelter from the elements. The Adopted Animal will not be tied or chained.
4. If for any reason I cannot keep the Adopted Animal, I agree to notify ASR of the availability of the pet and to return the Adopted Animal upon request.
5. I agree not to abuse or neglect the Adopted Animal and I authorize ASR, at its discretion, to determine whether or not the pet has been abused or neglected.
6. I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of any such breach of contract, I authorize ASR to reclaim both possession and ownership of the Adopted Animal.

I hereby release Animal Shelter Relief and their agents of any liabilities related to the adoption of this pet from the adoption program.

Dated: _____

Adopter Signature: _____

Print Name: _____

Animal Adopted: _____

ASR Representative: _____