

K-9 Stray Rescue League

2120 Metamora Road, Oxford, MI 48371

<http://www.dogsaver.org/k9sr/>

k9strayrescue@yahoo.com

Office Use Only

Date _____

Deposit Amount _____

Cash or Charge _____

Dog Name _____

K9 Tag # _____

ADOPTION APPLICATION

Today's Date _____

Which one of our dogs are you interested in? _____

Why do you want to adopt a dog/puppy? _____

Have you ever owned a dog before? Yes No

TYPE OF PUPPY/DOG YOU ARE LOOKING FOR

Sex: Male Female No Preference

Age Range: up to 1 yr. 1yr-3yrs. 3yrs-5yrs. 5yrs-7yrs. 7yrs. or up no preference

Preferred Breed _____

PERSONAL INFORMATION

Primary Adopter _____ Secondary Adopter _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Email _____

Primary Adopter Occupation _____ Work Phone (____) _____

Secondary Adopter Occupation _____ Work Phone (____) _____

How long at present address? _____ Do you Own Rent

If you rent, landlord name _____ Phone (____) _____

Do you live in a/an Apartment House Condo Townhouse Trailer Park

Are there any pet restrictions? _____

How many people reside in your home? Adults _____ Children _____

Ages of children _____

Does anyone in your home have allergies? Yes No If yes, who? _____

If you move in the future, what will you do with your dog? _____

HOME ENVIRONMENT

Do you have a COMPLETELY fenced yard? Yes No

If yes: Height of fence _____ Type of fence _____

If no or if not completely fenced in, how will you contain your dog to your property? (Be Specific) _____

What type of shelter will be provided when the animal is in the yard? _____

Primary Adopter Work Hours _____

Secondary Adopter Work Hours _____

How many hours per day do you expect the dog to be left alone? _____

Where will you keep the dog when no one is home? _____

Where will you keep the dog during the night when you are sleeping? _____

What will you do with the dog if you need to travel for personal or business reasons? _____

PET EXPERIENCE

List current animals you own:

Type/Breed	Age	Dominant or Submissive	Male or Female	Neutered/Spayed or Intact	Behavior with other dogs	Any behavior issues

Current Veterinarian: Name _____ Phone (____) _____

City _____ State _____ Zip _____

What brand of food do you feed your dogs _____ Cats _____

List dogs you have previously:

Type/Breed	Neutered/Spayed/Intact	What happened to him/her	Name & phone of Veterinarian who last saw this pet

Are you willing to obtain a crate/kennel and crate train the dog if necessary? Yes No

Are you willing to enroll the dog in obedience training classes? Yes No

If yes, name of facility if you have picked one out _____

If no, what are your plans for training the dog? (Be Specific) _____

How do you plan on exercising the dog? _____

If you have never owned a dog in your adult life, please list 2 references:

Name _____ Phone Number (_____) _____ Relationship _____

Name _____ Phone Number (_____) _____ Relationship _____

MISCELLANEOUS

Rescued animals need time to adjust to a new home. Are you willing to give this dog adequate time to adjust to ensure proper adjustment - at least 3 weeks in some cases? Yes No

If no, how long do you feel is a fair amount of time to adjust? _____

What would be unacceptable behavior in your home for you to want to give up the dog? _____

Are you willing to have a K-9SRL member visit your home? Yes No

Does your household budget allow you to provide regular veterinary care for this adopted pet (averaging between \$400 and \$500 yearly)? This includes annual vaccines, heartworm test, heartworm preventative and diagnosis & treatment of any illness. Yes No

Do you agree to have necessary/regular check-ups and vaccinations administered by a reputable vet? Yes No

Are you aware that some dogs may fit into your lifestyle and others may not? Yes No


Do you agree to select your dog based upon a "good fit" for both your household and the dog? Yes No


I/We acknowledge that all the information contained on this form is true & correct. I/We understand that any misrepresentation of fact may result in the removal of the adopted dog from my home by K-9 Stray Rescue League. I am aware that must notify K-9 Stray Rescue League Representative within 24 hours if the situation should arise in which I can no longer keep the adopted animal, or if it appears that the animal is lost or stolen.


Primary Adopter Date


Secondary Adopter Date


PET OWNER'S PLEDGE/CONTRACT


 I/We recognize that having a companion animal to love, enjoy and respect is a privilege. A pet is a living creature, not a "throw-away item." I/We will provide adequate food, shelter, and veterinary care for my adopted pet. _____


 In selecting my pet, I/we have considered the life expectancy, physical characteristics, and behavioral differences among animals. My family and I/we are fully aware of my/our daily responsibility in caring for a pet and the changes this will make in our lives. _____


 I/We will do my best to properly socialize and train my pet. I/We will obey all laws pertaining to my pet in order to prevent it from annoying or injuring others. I will notify the K-9 Stray Rescue League (K9SRL) of any adoption related problems and any address and/or phone number changes. _____


 I/We understand that K9SRL makes no health guarantees for this dog. If a veterinarian finds a medical condition that the adopter does not wish to treat, adopter must return the dog to K9SRL with written confirmation from the attending veterinarian regarding the medical condition. A K9SRL representative will discuss any known medical conditions on the said dog with the adopter before signing of this contract. Initialing here acknowledges that. _____


 I/We understand that because of the companion animal overpopulation problem, breeding of my/our animal is expressly prohibited. If my adopted animal is not already spayed or neutered, I/We agree to have my/our pet spayed or neutered by six months of age. This date is provided in the dog's health history. A \$25 deposit will be held by K9SRL until proof of spay/neuter is provided in writing to K9SRL. _____


 My pet will be properly identified at all times. I/We will keep the sequentially numbered tag, provided by K9SRL, on the collar of my adopted pet even after obtaining my own identification. I/We also will make certain that the license provided to me (if applicable) is on the pet at all times, and I/We will renew that license yearly as required by law. If my pet becomes lost I/We will make every effort to promptly find him/her and will contact a K9SRL representative immediately. _____

 If, for any reason, I/we can no longer keep my pet, I am required to notify a K9SRL representative as soon as possible and make arrangements for return of the animal. If K9SRL is unable to take immediate possession of the animal, I/we agree to humanely house and care for the animal until it can be re-adopted on a K9SRL approved contract. I/We WILL NOT transfer the ownership of the dog to any other party other than K9SRL. I/We will provide all medical history for the dog up to the date we return it at the time of surrender. _____

 I/We understand that the adoption fee is NOT REFUNDABLE. However, based upon circumstances, I/We may be entitled to select another K9SRL animal within six weeks. If I choose not to adopt another animal, I fully understand that the original adoption fee can then be considered a tax deductible, charitable donation. _____

 Because K9SRL can not predict how any dog will react in a given situation, especially without complete knowledge of the dog's history, K9SRL can not guarantee the temperament of any dog it places. The adopter is strongly urged to exercise prudence and caution introducing an adoptive dog into a new situation until the dogs has become fully adjusted to its new environment and the adopter has had the opportunity to become familiar with the dog's personality. _____

 I/We are prepared to demonstrate my/our ability and willingness to provide proper food, medical care, and a loving, safe, healthy, clean and permanent environment for the dog. I/We also agree to maintain the dog on a yearly heartworm preventative program and also agree to maintain annual vaccinations, ie. rabies, distemper etc. _____

 K9SRL shall not be responsible for any bodily injuries or property damage caused by any adoptive dog or by the actions of the adopter. The adopter hereby specifically assumes sole responsibility for, and agrees to hold K9SRL harmless from, any and all loss expenses (including legal fees) by reason of liability imposed by law upon K9SRL or any of its officers and representatives because of bodily injuries or death to any person or persons including the adopter, or any damages to property arising out of or in consequence of the placement of the dog, howsoever such injuries, death, or damage to property may be caused, whether or not the same may have been caused, or may be alleged to have been caused, by negligence of the aforementioned parties or any of their employees, agents, members, representatives, or any other person. _____

IN THE EVENT THAT ANY TERMS OF THIS CONTRACT ARE BREACHED, THE ADOPTER SHALL PAY TO K9SRL \$500. K9SRL RESERVES THE OPTION OF ACCEPTING RETURN OF THE ANIMAL IN LIEU OF MONETARY DAMAGE.

I/We have read the above agreement and agree to all conditions stated. Date _____

Sign _____	Print _____	Primary Adopter
Sign _____	Print _____	Secondary Adopter
Sign _____	Print _____	K9SRL Representative