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**Adoption Application & Agreement**

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| Animal Name       |

**Contact Information**

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| Name:       |
| Street Address:       |
| City, State & ZIP:       |
| Home Phone:       | Cell Phone:       |
| Best time(s) to call:       |
| Email Address:       |

**Employment Information**

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| Employer:       |
| Title/Position:       |
| Length of time at current employer:       |
| Work Phone:       |

**Family & Housing**

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| Choose one:  | If rent, are pets allowed? [ ]  Yes [ ]  No |
| Landlord name:       | Landlord Phone:      **By providing this information you are allowing FLH to contact your landlord. Please inform them of this call so they will speak with us.** |
| Length of time at current address:       | Type:  Other:       |
| Please describe your household: [ ]  Active [ ]  Noisy [ ]  Quiet [ ]  Other |
| Number of adults in the household:       |
| Number of children in the household:       | Ages:       |
| Does anyone in the family have a known allergy to animals? If yes, please explain.      |

**Other Pets**

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| Do you have other pets in the household? [ ]  Yes [ ]  No  |
|  Gender: Age:       Spayed/Neutered: [ ]  Yes [ ]  No |
|  Gender: Age:       Spayed/Neutered: [ ]  Yes [ ]  No |
|  Gender: Age:       Spayed/Neutered: [ ]  Yes [ ]  No |
|  Gender: Age:       Spayed/Neutered: [ ]  Yes [ ]  No |
|  Gender: Age:       Spayed/Neutered: [ ]  Yes [ ]  No |
| Are the household pets current on vaccines? [ ]  Yes [ ]  No If no, please explain:       |
| Have you ever surrendered a pet? [ ]  Yes [ ]  No If yes, please explain:       |
| Have you ever had a pet euthanized? [ ]  Yes [ ]  No If yes, please explain:       |
| Have you ever lost a pet to an accident? [ ]  Yes [ ]  No If yes, please explain:       |
| Please describe the reason(s) for disciplining your pets and the methods used:      |

**Veterinarian**

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| Do you have a regular Veterinarian? [ ]  Yes [ ]  No **If no, please indicate below which veterinarian you plan to use** |
| Veterinarian’s Name:       |
| Clinic Name:       |
| Veterinarian / Clinic Address:       |
| Veterinarian / Clinic Phone:      **By providing this information you are allowing FLH to contact your veterinarian. Please call your vet and authorize the release of information to FLH** |
| Do you agree to provide regular vet care by a licensed Veterinarian? (adoption only)[ ]  Yes [ ]  No  |

**About the dog you wish to Adopt**

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| Do you have time to provide adequate love and attention to adopt?[ ]  Yes [ ]  No  |
| Where will the animal spend the day? (describe):       |
| Where will the animal spend the night? (describe):       |
| Number of hours spent alone each day:       |
| Do you agree to keep the animal indoors? [ ]  Yes [ ]  No  |
| Do you have a fenced yard? [ ]  Yes [ ]  No  |
| Do you agree to contact FLH if you can no longer keep this animal? [ ]  Yes [ ]  No  |
| FLH requires a home check prior to adopting. Do you agree to allow a member of FLH to visit your home by appointment? [ ]  Yes [ ]  No  |

**Personal References**

Please list someone who is familiar with both you and your pets.

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| Name:       |
| Address:       |
| Phone:       |
| Relationship (relative, neighbor, friend, etc.):       |

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| --- |
| Name:       |
| Address:       |
| Phone:       |
| Relationship (relative, neighbor, friend, etc.):       |

|  |
| --- |
| Name:       |
| Address:       |
| Phone:       |
| Relationship (relative, neighbor, friend, etc.):       |

**Adoption Agreement**

* I agree that I am adopting this animal solely as a pet for myself and/or my immediate family. I agree that I will not sell, give away or otherwise dispose of said animal to any person(s) or other entity for any reason without the prior approval of FLH. If at a later date I am unable or unwilling to keep this animal, I agree to contact FLH and give FLH the opportunity to take back the pet.
* I also agree to care for this animal in a humane and responsible manner and to provide it with clean and appropriate shelter, food, water, exercise, companionship and veterinary care.
* I understand that I can return the pet to FLH within 15 days of the date of this Agreement and FLH will refund the entire adoption fee paid. I also understand and agree that the adoption fee I paid to FLH is reasonable and is not refundable after 15 days from the date of this adoption agreement even if I return the animal to FLH.
* I understand that FLH takes every precaution to assure the health of its adoptable animals but can make NO GUARANTEE of any kind regarding the health and/or temperament of the animal I have adopted.
* I understand that I, as the adopter, am financially responsible for the animal upon signing this document. I understand that FLH recommends that I have a veterinarian examine this animal within 15 days of adoption. I give my permission for an agent of FLH to visit the premises where the adopted animal is living, given reasonable notice.
* I further give permission for an FLH agent to remove said animal from my premises if FLH determines that the animal is not receiving appropriate care or if I have violated this agreement. Such entry onto my property shall not constitute trespass upon the premises occupied.
* I certify that all the statements made by me on this adoption agreement are true and correct. I agree that FLH has the right to confiscate the adopted animal in the event that any statements made by me are found to be false and/or payment for the adoption fee is returned or denied.
* Contact us to inquire about adoption fees.
* By submitting the Adoption Application, you are agreeing that:
1. I have completely read the Adoption agreement and understand all questions on the application.
2. I understand that this animal MUST be indoors and will not be chained/penned outside.
3. I further understand that if for any reason I want to give up this animal, I will email Fur Love Haven and undergo a 14-day waiting period in which a representative from the organization will work with me to resolve any issues with the animal.
4. I also understand that a representative from the organization may visit the animal to ensure that it is well taken care of; if we find that the animal has been neglected or abused in any way or for any reason, we reserve the right to remove the animal from the premises. Your application submission authorizes us to do so as necessary, and automatically transfers ownership rights of said puppy back to Fur Love Haven at that time.
5. I authorize Fur Love Haven (FLH) to contact:

• My veterinarian(s) to check the care provided to previously and/or current pets, and to check the spay/neuter history;

* My landlord to ensure that I have his/her/its permission to keep pets) on the premises; and
* My employer to confirm employment

**Adopter Signature**

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements by me may lead to the rejection of this application.

Signature(s):

Date:

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| FLH Use Only:       |