## Good Tails Rescue

## **Adoption Application**

| Date:   | _   |  |  |  |
|---|---|--|--|--|
| There is a mandatory 24   | l-hour waiting period for all adoptions.  | Adoption Fee: \$, Non-Refundable                               |  |  |
| Personal Information:   | (Please Print Clearly)                    |  |  |  |
| Name:   |   | Date of Birth:   |  |  |
| Address:  |   | City/State/Zip:  |  |  |
| Home Telephone:   | Cell Phone:                               | Email:   |  |  |
| Employer:   | Address:                                  |  |  |  |
| Work Telephone:   | Your Position                             | on:  |  |  |
| Work Schedule:  |   | Length of Employment:  |  |  |
| Please circle your yearly i   | income: None Reti                         | ired Public Assistance \$10,000-\$20,000                       |  |  |
| \$20,000-\$40,000   | \$40,000-\$60,000 \$60                    | ,000-\$80,000 \$80,000-\$100,000 \$100,000+                    |  |  |
| How did you hear of the [   | Good Tails Rescue]? (please be specific)  |  |  |  |
| About Your Home:  |   |  |  |  |
| Which best describes you  | r home? (please circle one) Apartmen      | nt House Other:  |  |  |
| Do you have a yard?   | Yes / No If yes, do you have a f          | fence and how high is it?                                      |  |  |
| Do you: OWN /   | RENT? (If you rent you must provide a c   | copy of your lease that states you are allowed to have a pet.) |  |  |
| Do you have screens on y  | our windows? Yes / No                     |  |  |  |
| Family Members:   |   |  |  |  |
| Please list all the people l  | iving in your household and their ages:   |  |  |  |
| 1   |   | 2  |  |  |
| 3   |   | 4  |  |  |
| 5   |   | 6  |  |  |
| If you share your dwelling are all members of the household in agreement concerning the adoption of this animal? Yes / No |   |  |  |  |
| Are you or anyone in your household allergic to animals? Yes / No If yes, please explain:                                 |   |  |  |  |
| Please list all animals livi  | ng in your household and their breeds and | l ages:  |  |  |
| 1   |   | 2  |  |  |
| 3   |   | 4  |  |  |
| Are All Animals Neutered  | d or Spayed?                              | If you have a cat, is it declawed?                             |  |  |
| The Name of Your Vet: _   |   | Telephone Number:  |  |  |
| Your Adopted Companion  | n Animal:                                 |  |  |  |
| Are you willing to take yo  | our companion animal to a training class? | Yes / No Why?  |  |  |
| Are you familiar with the   | procedures for housebreaking? Yes         | s/No   |  |  |
| Have you considered the No  | daily expenses incurred in maintaining an | n animal (medical, food, grooming, and boarding?)  Yes /       |  |  |
| How many hours a day w  | ould the animal be left alone?            |  |  |  |
| Have you ever had a comply If yes, what type, how lon   |   |  |  |  |

| <u>References:</u>   |   |  |  |  |
|--|---|--|--|--|
| 1. Name:   | Relationship:   |  |  |  |
| Telephone:   | How long have you known this person?  |  |  |  |
| 2. Name:   | Relationship:   |  |  |  |
| Telephone:   | How long have you known this person?  |  |  |  |
|  |   |  |  |  |
| Office Use Only:   |   |  |  |  |
| Proof of ID Shown (including #):   | Result of Reference/Vet Checks:   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Adoption Contract:   |   |  |  |  |
| I, am adopting the following animal  | ,, from the [Good Tails Rescue] and agree to the  |  |  |  |
| following conditions:  |   |  |  |  |
|  | ring the animal's life, I am unable or unwilling to care for it, I agree to return the t my own expense no matter where I reside. I will not give the animal to anyone else.  |  |  |  |
| 2. I agree to allow a [Good Tails Re   | escue] representative to visit my home before and at any time after I adopt the animal.   |  |  |  |
| <u> </u>   | h proper food, shelter, and water at all times, as well as yearly dditional medical care if the need arises.  |  |  |  |
| 4. I agree to license my animal as re  | equired by law.   |  |  |  |
| 5. I agree not to put the animal to sleep without the knowledge & consent of [Good Tails Rescue], except in case of extreme suffering. |   |  |  |  |
| 6. I agree to take my animal to obec Rescue] know the result.  | dience training if instructed by [Good Tails Rescue], and will let [Good Tails  |  |  |  |
| · ·  | ng with my dog if instructed to do so by the [Good Tails Rescue].   |  |  |  |
|  | my dog or declaw my cat without the permission of the [Good Tails Rescue].  cue] promptly of any change of my address or telephone number.  |  |  |  |
| • -  | cue] immediately if my animal ever gets lost or stolen and will make every effort to  |  |  |  |
| recover the animal.  |   |  |  |  |
| 11.1 also agree NO1 to leave, tra  | unattended for any period of time while walking with aveling with, or shopping with   |  |  |  |
| We say this because 2 million ar   |   |  |  |  |
| •  | I to be used for the purposes of vivisection, experimentation, dog fighting, or the y other purpose except as a house pet and companion.  |  |  |  |
|  | and agree to abide by them. I understand and agree that if I break this contract cue] representative decides that I am no longer qualified to keep the animal,  |  |  |  |
|  | by from me by [Good Tails Rescue] and I may be held accountable for any   |  |  |  |
| _  | obligation by initialing here to return my adopted animal to the [Good Tails  |  |  |  |
|  | mal's life if I am unwilling or unable to care for the animal. (Please initial:   |  |  |  |
|  | agreement to allow a [Good Tails Rescue] representative to visit my home to do adopt the animal. (Please initial:).   |  |  |  |
| to hold harmless and indemnify, an such an incident. In addition, the S  | al bites or other injuries to humans and other animals do occur, and agrees and protect the Shelter, from any claim or suit filed by anyone as a result of Shelter will not be responsible if animal should damage or destroy property transfer any disease or internal or external parasites to other animals (Please initial:). |  |  |  |
| agree to submit to non-binding med   | ts are costly and disadvantageous to both parties, the undersigned <i>parties</i> diation to resolve any controversy between the parties, including but not y, professional negligence, personal injury, breach of an express or implied  |  |  |  |

| contract, loss of consortium, wrongful death, or any payment disputes. <i>The mediation before the parties may submit to binding arbitration</i> . (Please initial:).   | must be completed                                     |
|---|---|
| I agree to binding arbitration. Parties will submit to binding arbitration by serving the request for arbitration within sixty (60) days following the failure of non-binding med controversy between the parties, including but not limited to, issues of jurisdiction and professional negligence, personal injury, breach of an express or implied contract, loss death, or any payment disputes. (Please initial:). | liation to resolve any<br>d arbitrability, claims for |
| Adopter's Signature:  | Date:   |
| Adopter's Printed Name:   |   |
| Good Tails Rescue Executive Director's Signature:   | Date:   |
| Good Tails Rescue Executive Director's Printed Name:  |   |
| Office Use Only:  |   |
| Name of Animal:   | Dog / Cat   |
| Breed: Sex: M / F   | Age:  |
| [ORGANIZATION] Number: Microchip Number:  |   |