



**FOCUS ON CUMBERLAND COUNTY ANIMAL SAFETY
ADOPTION APPLICATION**

Name of dog: _____ Date: _____
Breed: _____ Color(s): _____
Sex: _____ Microchip ID# _____ Age: _____

ADOPTER INFORMATION

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone _____ Work phone _____
Email: _____
How did you hear about us?

HOUSEHOLD INFORMATION:

Ages, names, & birthdays of all adults, 18+, living in your home:

Ages of all children living in the home: _____

Does anyone in the household have allergies to dogs? Yes No

If yes, who? _____

Do you live in house, apartment, or other? _____

Own or rent? _____ If rent, are there pet restrictions? _____

Landlords name and phone number: _____ -

If you rent, we will be contacting your landlord to get approval for you to foster animals there.

Please list all of your current pets including names, ages, m/f, if altered, and how long you have owned them. _____

Please use back of application if you run out of space. We recommend all other animals in your home be up to date on vaccinations.

Have you ever turned in an animal to local animal control? _____

If so, what was the reason? _____

Who will be the primary caretaker of your dog(s)? _____

Do you have a criminal record or are a felon? _____

Do you have a fenced yard? _____ If so, how high is fence? _____

FOCCAS requires that all adopted dogs be in a fenced yard or on a leash when outside. Do you agree with this? _____

How would you describe your level of experience with dogs? check all that apply

- Never had a dog
- Had childhood pet dog
- Had one or more as an adult
- Have experience working with on-going medical problems with a personal dog
- Have experience working with behavioral problems with a personal dog
- Have experience working in a veterinary hospital
- Am a professional dog trainer
- Have previous foster/rescue experience

Do you have experience with: small dogs medium dogs large dogs

How many hours during the AVERAGE day will this dog spend WITHOUT a human? _____

Where will this dog be when alone? _____

Where will this dog sleep at night? _____

If kenneled, how many hours a day will the dog spend in kennel? _____

Please read the following carefully:

The parties hereto agree that the owners shall abide by the following conditions:

_____, hereinafter referred to as the dog, is being transferred to the adopting owner with the understanding that the adopter is taking possession of the dog to treat and to be responsible for it as their own dog.

The dog will be treated as a family member with loving care and affection. I will do my best to ensure the dog's safety and well-being.

I/we will feed the dog at least twice a day and will provide a fresh supply of water at all times.

The dog will live inside my home and will not be isolated from the family. I will walk my dog on a leash or exercise my dog in a fenced yard, which must be provided unless waived by FOCCAS. I will never let my dog run loose or roam, keep my dog chained or tied up, keep it continuously in a yard, garage, patio, balcony, or pen, or leave my dog outdoors, even in a fenced yard when no one is at home.

I will not have the dog attack-trained nor will I use it for any purpose other than companionship. I will not have the dog's ears cropped nor will I have its tail docked. I will never allow any physical, mental, or emotional abuse of the dog, I will take the dog to a licensed veterinarian when shots are due _____, but in no event later than one year from the last vet visit. I will provide all required and/or needed veterinary care, including: rabies shots as required every one or three years; yearly booster shots for DHLPPC; and prompt treatment by a licensed veterinarian for any illness or injury.

If not already done, I will have the dog spayed/neutered by (date) _____ and will immediately forward proof to the FOCCAS office. Failure to comply with this requirement will result in the immediate return of the dog to FOCCAS. If any accidental breeding has taken place, puppies will be turned over to FOCCAS and owner will be responsible for all legal fees.

I/we affirm that no member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc.

I will ensure compliance with all applicable local and state statutes.

I will not use a correction/prong style collar at any time, except for training under the guidance of a qualified dog trainer. I am adopting the dog for myself and I agree to not give away, sell, or trade my dog, even as a gift to a friend or family member. I will neither take the dog to a shelter nor abandon the dog. I understand that I must notify FOCCAS, without delay, if I can no longer care for or keep my dog and agree to give FOCCAS reasonable time to rehome my dog or place my dog in an approved foster home, if available. I must notify FOCCAS of any behavioral problems that have occurred at any time before I return my dog and I agree to pay for a professional trainer's evaluation in case of biting or aggression.

If dog is removed from property, harmed, sold, or transferred without express written permission from FOCCAS, FOCCAS will pursue through the legal system for costs and damages, including all legal fees.

I agree to accept responsibility and ownership of the dog at my own risk and I release FOCCAS and its agents from any and all liability arising out of possession and ownership of my dog. I agree that I am assuming total financial responsibility for my pet as of the date of this contract. FOCCAS and its agents will not be held responsible for any damages or expenses (veterinary or other) incurred during my ownership of the dog.

In the event the dog becomes lost or dies, I will immediately notify FOCCAS. I will also immediately notify FOCCAS of any change of contact information (address, phone number, or email address).

This dog's known background and medical history have been discussed with me. I understand that FOCCAS has made no representation concerning the health, condition, training, behavior, or temperament of the dog.

I agree to permit FOCCAS to make inquiry about and enforce any of the above conditions and requirements at any time after adoption. This can include visits to my home and contact with my veterinarian. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THE ABOVE PROVISIONS WILL RESULT IN FORFEITURE OF THE DOG TO FOCUS ON CUMBERLAND COUNTY ANIMAL SHELTER.

I understand that by voluntarily signing this agreement, I am entering into a legal and binding contract

with FOCCAS. Breach of any term(s) of this agreement is deemed actionable by FOCCAS.

Signature & Date

Witnessed by & Date

Return Application to: FOCCAS.TN@GMAIL.COM OR MAIL TO PO BOX 3245, CROSSVILLE TN 38557.