



FOCUS ON CUMBERLAND COUNTY ANIMAL SAFETY ADOPTION APPLICATION

***Please fill out with BLACK ink only.**

*** If ALL of the questions have not been answered, your application will NOT be considered.**

Name of dog(s) you are interested in: _____

ADOPTER INFORMATION

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone _____ Work phone _____

Email: _____

How did you hear about us? _____

HOUSEHOLD INFORMATION

How long have you lived at your current address? _____

Do you own or rent? _____

If you rent, are there pet restrictions? _____

If you rent please provide your landlords name and phone number:

*If you rent please be aware there are often times there are restrictions on what breed of dog you may own and/or weight restrictions. Please have approval from your landlord BEFORE submitting this application and be aware of pet deposits and/or monthly fees required by your landlord.

*If you rent, we will be contacting your landlord to get approval for you to adopt your pet, or you may have your landlord sign the attached form at the end of this application.

Please list all adult (18+) family member(s) name(s), age(s), and birthday(s).

Do you have children? _____ How many? _____

Please list your children's age(s): _____

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

** We recommend all other animals in your home be up to date on vaccinations.*

Specific Considerations

Have you ever been issued a citation for your pet or had to reclaim your pet from the animal/control shelter?

_____ If yes, please explain:

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

If so, what was the reason?

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

If yes, please explain:

Do you have a fenced in yard? _____ How high is the fence? _____

*If you do not have a fenced in yard, are you prepared to walk your dog multiple times a day in spite of weather conditions? _____

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

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
- I 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? _____

What is your current lifestyle like? (active, busy, travels frequently, etc.)

*Please consider how a dog will fit into your lifestyle.

Does anyone in your home have any type of allergies to animals? _____

If yes, who? _____

If yes, how will this be handled to the best interest of your family member and pet?

If you have to move, what would you do with your adopted dog?

What circumstances would you have to surrender your pet? Divorce? New baby? Allergies? Aggression? Housebreaking issues? Please explain.

Do you plan to enroll your adopted dog into obedience classes? _____

Can you financially afford veterinarian costs for your adopted dog? Emergency cost? _____

PERSONAL REFERENES

*Your personal references should not be relatives

Personal Reference #1

Name: _____

Telephone number and best time to call: _____

Email _____

Relationship: _____

Personal Reference #2

Name: _____

Telephone number and best time to call: _____

Email _____

Relationship: _____

Veterinarian Reference

Veterinarian's name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

*Please contact your vet's office prior to returning this application and grant them permission for us to verify your information.

Filing of this application in no way guarantees your adoption of a dog from Focus on Cumberland County Animal Shelter. By signing your name to the contract below, your application attests that the information you have given is accurate and true and also gives your current and past veterinarian permission to provide all information requested by us in regard to medical and preventative care they provided to any current and past pets. You also give permission to perform background checks to ensure that the applicant is a suitable adopter for a pet and does not have a history of animal abuse/neglect or other such offenses. The information contained in this application is material to our decision to place a dog into a home and becomes part of the contract in the event you adopt a dog from . In the event you adopt a dog, you are agreeing here that the terms of the adoption contract are fully applicable even should you fail to sign the final adoption contract.



FOCUS ON CUMBERLAND COUNTY ANIMAL SAFETY Adoption Contract

***Please fill out with BLACK ink only.**

***Please READ and INITIAL all statements.**

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 BRB.

_____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 BRB office. Failure to comply with this requirement will result in the immediate return of the dog to BRB. **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 BRB 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 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 via email at FOCCAS.TN@GMAIL.COM or fax to 931-456-8496



FOCUS ON CUMBERLAND COUNTY ANIMAL SAFETY Landlord Agreement

Tenant's name: _____

Tenant's address: _____

City: _____ State: _____ Zip: _____

I, _____, certify that I am the owner of the residency listed above and have approved the adoption and ownership of the dog(s) listed in the application. I also certify that I have discussed all requirements and restrictions in regards of pet ownership with the tenant(s).

Tenant's name

Tenant's signature

Date

Landlord's name

Landlord's signature

Date

Please contact FOCCAS management with any questions or concerns.

FOCCAS.TN@GMAIL.COM OR FAX TO 931-456-8496

