

For Office Use Only:  
 Control # \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Altered  YES  NO



For Office Use Only:  
 Approved  
 Disapproved  
 Initials \_\_\_\_\_  
 Date \_\_\_\_\_

## Adoption Form

Applicant's Name \_\_\_\_\_ Address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

In what type of housing do you reside?  Apt/Condo  House  Other Do you rent this property?  YES  NO

If you rent: Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you plan on moving in the next 12 months?  YES  NO

If yes, what do you plan to do with the animal? \_\_\_\_\_

Why do you want to adopt this pet?  companion for child  companion for other dog  companion for self  
 security  house pet  working dog/mouse chaser  breeding  other

If other, please explain \_\_\_\_\_

Is this pet a gift for someone?  YES  NO If yes, who? \_\_\_\_\_

Have you previously owned pets?  YES  NO

List all current animals and animals you have had in the last 10 years. If more, please write on back or in an email.

Name	Breed	Sex	Spayed/Neutered?	Current on Vaccinations?	Do you still own it? If not, why?

The TJDS requires that all animals in your household must be spayed/neutered before adoption can or will be finalized

List all veterinarians you have taken your pets to in the last 10 years and the veterinarian that you plan on using for this pet.

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

If more space is needed, please write on back or write it in the email you attach this form to.

Do you grant permission to FDRA to contact your vet(s)?  YES  NO

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 GIVING DOGS A FIGHTING CHANCE  
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 (606)872-7444  
 (502)465-3615

Are there any children in your household or children who visit frequently? YES NO

If yes, what are their ages? \_\_\_\_\_

In general, what types of discipline/corrections do you use with a pet? \_\_\_\_\_

\_\_\_\_\_

Will you be using a crate for the purpose of training? YES NO

Do you have a fence? YES NO If yes, how high? \_\_\_\_\_ What material(s)? \_\_\_\_\_

What **percentage** of time will this pet spend: Indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

When this pet is outdoors, how will he/she be kept? (fence, chain, line, kennel, etc.) \_\_\_\_\_

In general, how many hours will this pet be left alone during the day? (at work, errands, etc.) \_\_\_\_\_

Where will this pet be kept while you are away from home during the day? (crate, yard, bedroom, garage, etc.) \_\_\_\_\_

Where will this pet be kept while you are out of town? \_\_\_\_\_

Are you willing to provide your pet with monthly heartworm prevention medicine at your own expense? YES NO

Are you willing to provide your pet with yearly vaccinations at your own expense? YES NO

Who will be financially responsible for all medical costs? \_\_\_\_\_

List any characteristics of an animal that would NOT fit with your family or lifestyle. \_\_\_\_\_

\_\_\_\_\_

Please provide two personal references Name \_\_\_\_\_ Phone \_\_\_\_\_

**NOT** related to you:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please include any information you would like for us to consider when reviewing your adoption application for approval.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which pet(s) are you considering? \_\_\_\_\_

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# THE JEREMIAH DOG SANCTUARY

## SPAY/ NEUTER AGREEMENT

Permanent ownership of this dog is contingent upon compliance with this addendum of this application. All dogs being adopted under six months must be SPAYED/NEUTERED and proof of spay/neuter must be received by six months of age. A \$150.00 refundable deposit will be required at the time of adoption. This deposit will be refunded when the TJDS receives verification that this dog has been spayed/neutered.

DATE \_\_\_\_\_ NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL OF ADOPTOR: \_\_\_\_\_

RESCUES EMAIL: jeremiahsanctuary24@gmail.com

This is the responsibility of the adoptor, not the veterinarian to ensure that the rescue (THE JEREMIAH DOG SANCTUARY) has received verification that the surgery of said dog has been performed. Failure to comply with this agreement by the date agreed upon, in this contract, will be considered to be a breach of contract and will allow The Jeremiah Dog Sanctuary to reclaim ownership of the said dog. Also at this point, the TJDS will not be entitled to issue a refund for said dog.

DATE OF ADOPTION: \_\_\_\_\_ MUST BE SPAYED/NEUTERED BY: \_\_\_\_\_

By INITIALING \_\_\_\_\_ here and signing below, I agree to have this dog spayed/neutered by no later than it's six months of age unless agreed by the TJDS for a different date.

Also I understand that this agreement is an agreement that stops this dog from producing a litter of puppies either as purposely bred or accidental breeding.

ADOPTOR SIGNATURE \_\_\_\_\_

RESCUES SIGNATURE \_\_\_\_\_

# THE JEREMIAH DOG SANCTUARY RETURN AGREEMENT

We understand that circumstances can change, and we want to ensure the well-being of any puppy/dog that we have rescued. This agreement outlines the terms for the return of the puppy/dog to The Jeremiah Dog Sanctuary.

## DOG INFORMATION:

NAME \_\_\_\_\_  
BREED \_\_\_\_\_  
COLOR \_\_\_\_\_  
SEX \_\_\_\_\_  
AGE \_\_\_\_\_  
WEIGHT \_\_\_\_\_

This puppy/dog return agreement is entered into between (NAME) \_\_\_\_\_ and The Jeremiah Dog Sanctuary Apon the date of this agreement. WHEREAS, The Jeremiah Dog Sanctuary dog requires that the adopter of said puppy/dog will return said puppy/dog to TJDS if at any point the adopter is no long able/willing to take care of said puppy/dog for any circumstances.

NOW, THEREFORE, in consideration of the mutual promises and agreement contained herein, the parties agree as follows:

- 1.PUPPY/DOG RETURN- if at any time, the ADOPTER is unable or unwilling to continue to care for the puppy/dog, the ADOPTER hereby agrees to notify the TJDS immediately and to return said puppy/dog to the care of TJDS. The TJDS will take the puppy/dog back and assume responsibility for its care. Failure to contact the TJDS or return said puppy/dog to the TJDS could /may result in a lawsuit.
- 2.HEALTH OF PUPPY/DOG. The ADOPTER represents and warrants that the puppy/dog is in good health at the time of its return to the TJDS. The TJDS has the right to have the puppy/dog examined by a licensed veterinarian of their choice within 72 hours of the puppy/dog return. If it is determined that the puppy/dog is in poor health due to any reason the ADOPTER will be liable for any and all expenses associated with the puppy/dog medical care.
- 3.NO REFUND. The ADOPTER hereby understands that there will not be a refund or reimbursement of any fees paid for the adoption of said puppy/dog if it is returned to the TJDS.

4.ACKNOWLEDGMENT OF RISK. The ADOPTER acknowledges that owning said puppy/dog involves inherent risk, and that the TJDS is not responsible for any harm or damage cause by said puppy/dog while in the ADOPTERS care.

5.ABUSE /MISTREATMENT. If it is reported to or determined by the TJDS that said puppy/dog has/is being abused or mistreated for any reason, then the TJDS will be allowed to reclaim ownership of said puppy/dog and remove said puppy/dog from ADOPTERS home/care. Whereby, legal action may be taken against the ADOPTER.

BY SIGNING I AGREE TO ALL TERMS ABOVE

(SIGNATURE)\_\_\_\_\_

(DATE)\_\_\_\_\_

(TJDS

REP)\_\_\_\_\_ (DATE)\_\_\_\_\_