Owner Name:	
Pet Name:	



Date:
Please initial on the line next to each item to acknowledge you have read and agree to abide by it.
Proper care includes: Proper diet, fresh water, safe shelter from the elements, ongoing routine medical care, and adequate supervision, training, exercise and companionship.
I will diligently attend to the health and welfare of this pet, providing vaccinations and heartworm prevention along with emergency medical care and regular checkups by a licensed veterinarian.
I have never abused or neglected an animal.
I am not adopting this pet to be given to another person.
My residence allows pets of this breed, and I am responsible for this Pet Deposit Amount: \$
This is an adoption, NOT A SALE, and Friends for Paws Rehome, Search + Rescue reserves the right to postpone, refuse, or rescind any adoption.
Friends for Paws Rehome, Search + Rescue may also perform unannounced home visits. I agree that Friends for Paws Rehome, Search + Rescue may claim the animals if this adoption agreement is not adhered to.
I agree to the adoption fee of \$225.00. Cash or check only The adoption donation is NOT refundable.
I understand that if I am no longer able to care for my pet, I must contact Friends for Paws Rehome, Search + Rescue as my first contact so they may begin efforts to rehome my pet. I will NOT rehome this pet via internet ads or otherwise.
I understand that if my pet still requires vet care by FFP's vet, that I am responsible for scheduling and brining my pet to Dr. Owens in Hardeville, SC when he/she is due for their final spay/neuter, microchip and/or final booster and rabies, the week of I understand if I do not comply within the date mentioned, Friends for Paws has the right to void the adoption and take back ownership of said pet. I also understand that if my pet has any of these health care items still pending for completion, I will not let him/her around other animals outside my home and will not bring them to

public settings.				
Special	Conditions	or	Other	Agreements:
temperament of hereby agree to liability. I agree	rstand that Friends for Pa or behavior of this animal o release and hold harmles e to take the animal to th additional deworming as	s) after I accept s Friends for Paws ne veterinarian wi	ownership and no refus Rehome, Search + Res Sthin a week for a we	und will be offered. I scue from any and all llness checkup which
	vs Rehome, Search + Rescu adoption. I understand tha r.		•	•
animal. I cer	ead and understand all of r tify that the information of t any false information may	on all pages of th	is application and cont	
Applicant Signa	ture Spouse/Partner	r Signature		
Date		_		
Approved by:			Frien	ds for Paws Rehome,
	Representative			
Pet Name:				

CONTACT INFORMATION Name _____ Address_____ City_____ State _____ Zip_____ Cell Phone Work Phone Email address Emergency Contact ______ Phone Number _____ Are you: Working Retired Attend School Military Other Employer's Phone Driver License # _____ State _____ Verified by Rescue Representative: _____ Spouse/Partners Name _____ Phone _____ Email Spouse/Partner Employer _____ Employer's Phone _____ **LOCAL Personal References** 1. Name ______ Phone _____ Relationship _____ 2. Name ______ Phone _____ Relationship _____ 3. Name ______ Phone ______ Relationship _____ **FAMILY & HOUSING** Do you: Ow(n) Reft) Apartment) Condo House) If you rent, please provide contact info for Main Office or Landlord _____ Phone _____ Will this dog live: Inside Outside Both Do you have a fence Yes No Do you live by water Yes No If you do not have a fence, what are your plans for bathroom use and exercise: How many hours a day will this animal be alone: Do you plan to crate the animal: Y(s) N(o) Where will the animal sleep: _____

Please describe your household: Active Noisy Quiet Average Other

How many other people live in your household and what are their ages:

Do you currently have any other pets, please describe including breed, M/F, spayed/neutered, alpha/submissive:				
Current vet for other pets or vet your plan to bring your new dog to: Vet name: Phone:				
May we have permission to contact your vet: Y(s) N(0)				
Have you had pets in the past, please describe including where they are now:				
GENERAL QUESTIONS				
Have you ever surrendered or re-homed a pet before. If so for what reason:				
If you have to move, what would you do with your pet:				
If you could no longer care for your pet, who would be responsible for your pet's care moving forward. Please provide name and contact info including phone number and email:				
How do you plan on disciplining your pet:				
Who will care for your pet if you are out of town or sick:				
In the event of a hurricane, what would you do with your pet:				
What do you plan on feeding your pet:				
Do you plan on providing heartworm, flea and tick treatment every month and what products:				
Is there any behaviors you find unacceptable and what actions would you take to rectify:				
Are there any circumstances in which you would not keep the pet for the rest of his/hers life:				

will provide it with quality food, plenty of water, indoor shelter, affection, annual physical examination and vaccines as well as monthly heartworm treatment and flea/tick medication.				
	Date			
	Date			
Friend for Paws Rehome, Search + Rescue Representative:				
	Date			