

Puncher's Chance Rescue and Sanctuary of the Smokies Application Form

Dog you wish to adopt: _____

Name: _____
First MI Last

Date of Birth: _____

Address: _____
Street Address

City State Zip

Drivers License No and State: _____

Name of Spouse or Roommate: _____
First Last

Home/Cell Phone: _____

Email: _____

Please provide a personal reference that is not part of your immediate family. Provide name,
phone number, and/or email: _____

Are you willing to perform a meet and greet with all current residents and pets(dogs, cats, etc)
in the household before taking ownership of _____?
Name of Dog

How many pets have you owned in the past 5 years that you don't currently own? Please list
what kind of animal and their current condition: _____

Have you ever had a pet that was struck and/or killed by a vehicle? YES NO

If you currently own pet(s), please list type, breed, and age of each: _____

Your veterinarian's name and phone number: _____

Do you intend on taking the dog for routine checkups? YES NO

Are all your current pets (if any) spayed/neutered? If not, why? _____

Are your current pets' (if any) vaccines up to date? YES NO

Do you know how to protect your dog from heartworms? YES NO

Where will this dog sleep? _____

Have you ever had a serious behavioral problem with a pet? If yes, please explain: _____

How would you resolve behavioral problems that may appear with this dog? _____

If necessary, what procedures will you use for housebreaking this dog? _____

Would you allow Puncher's Chance to visit your home to verify where this dog will be kept?

YES NO

APPLICATION ACKNOWLEDGEMENT

By signature below, I acknowledge that I am at least 18 years of age, and I have truthfully answered all questions and provided correct information on this application to the best of my knowledge. As the adoption applicant, I understand PCRSS is a private corporation which reserves the right to refuse or deny adoption privileges to any applicant for any reason, without explanation or cause. I acknowledge that PCRSS adoption decision is final. I understand that the preliminary adoption application process involves the full completion of an adoption application, execution of an adoption contract, reference follow-up, background check, and either a home visit or video submission. I understand that additional information may be requested to assist in the final adoption decision by PCRSS. I understand that should I adopt a dog from PCRSS, and any of the provided applicant information listed be false and/or a misrepresentation of the facts as determined by PCRSS, I agree to immediately relinquish ownership of the dog back to PCRSS.

Authorization for Background Inquiry and Release of Information

By signature acknowledgment, I also authorize PCRSS and/or the consumer reporting Agency of its choice, to retrieve information from all references, individuals, government agencies, companies, corporations, law enforcement agencies in the federal, state, or county level relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to residential, criminal records, veterinary records and verbal interviews attesting to the adopter's character, residence, and/or mode of living. If pulled I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of any reporting agency. I understand this request should be in writing directly to PCRSS describing specific information requested.

Representation

The adopter represents they have not previously been charged or currently have open investigations or been convicted of animal cruelty for dog fighting, dog training, animal abandonment or animal neglect within any U.S. State or its Territories. The adopter represents they have not previously or currently been charged or convicted of domestic violence, abuse or neglect within any U.S. State or its Territories and are not receiving treatment / counseling for previous charges, convictions or concerns related to domestic violence.

In addition, the adopter represents they are not adopting the dog on behalf of a family member or acting as an agent of any individual charged or convicted of animal cruelty for dog fighting, dog training, animal abandonment or neglect.

Adopter Signature: _____ **Date:** _____

Print Name: _____

PCRSS Acknowledgement: _____

PCRSS does not discriminate against any adoption applicant based on race, color, religion, sex (including pregnancy an gender identity), national origin, political affiliation, sexual orientation, martial status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, of other non-merit factor.

Puncher's Chance Rescue and Sanctuary of the Smokies Adoption Contract

Please Read Carefully as this Contract is Binding

Sign and Initial Where Required for Agreement

THIS CONTRACT AGREEMENT IS ENTERED INTO BY AND BETWEEN PUNCHERS CHANCE RESCUE AND SANCTUARY OF THE SMOKIES (HEREINAFTER CALLED "PCRSS"), AND THE ADOPTER.

I understand that PCRSS, makes no representation, warranty, or guarantee as to the health, disposition, age, breed or ultimate size of this animal because PCRSS may be uncertain as to its background. I understand that the animal has displayed no evidence of illness or behavioral issues except as disclosed in the pet's records. (Adopter Initials_____)

As the adopter, I fully understand the inherent risk of working with and handling animals seized by Federal Law Enforcement and PCRSS, from dog fighting, neglect and abandonment environments. I understand that many of the dogs being seized or kenneled by PCRSS have been involved in illegal fighting operations and may be animal or food aggressive. Many of the dogs have been starved or refused medical treatment prior to seizure. In addition, the dog medical histories, vaccination histories, and state of illness may be unknown. PCRSS will make reasonable effort to conduct medical and behavioral assessments for each animal.

Dogs showing any sign of human aggression from behavioral assessments will not be available for adoption unless a special exception is made. The results of these efforts will be disclosed in the pet's records. I understand that PCRSS may restrict the specific adoption of selected animals due to the adoption environment that may not be compatible with the animal's personality and/or behavioral assessment. I understand that if I misrepresent the environment and adoption home and inhabitants, there may be an inherent risk to the adopter and/or the public. (Adopter Initials_____)

I understand that if I am unable to care for the dog either due to excessive medical cost, family or public risk, animal behavior, or changing life circumstances, I will reach out to PCRSS who will make reasonable effort to assist in the situation, either by helping to find outside assistance for medical costs, re-adoption, obedience training, or surrender of the animal back to PCRSS. I understand there is no obligation for PCRSS to provide any additional assistance after adoption, but PCRSS pledges to assist the adopter as possible and encourages the adopter to reach out to PCRSS, as needed. (Adopter Initials_____)

PCRSS takes every reasonable precaution to reduce the risk of a bite or injury happening, but I understand the possibility of risk and the unpredictable demeanor of animals. I understand that I or another person may be bitten or scratched by the dogs and these injuries are acts of animal unpredictability beyond the control of PCRSS or the United States Government. (Adopter Initials_____)

Once transfer of ownership of the animal has occurred, the adopter shall bear all responsibility, cost, and /or liability for that animal for the remainder of its life. The adopter agrees to hold harmless the United States and PCRSS, its principals, stockholders, employees, and subcontractors for any injury, other harm, death, or real property damage caused by any of the animals while in the possession of the adopter, or their agents. (Adopter Initials_____)

The Adopter agrees to indemnify the United States and PCRSS, its principals, stockholders, employees, and subcontractors in the event that any suit, cross-complaint, third party complaint, or counterclaim is filed against the United States and PCRSS, its principals, stockholders, employees, and subcontractors, resulting from any death, injury, harm or claim of any kind suffered by third parties caused by the animal after an animal has been successfully adopted out by PCRSS and while under the adopters control. (Adopter Initials_____)

The adopter represents they have not previously or currently been charged or convicted of animal cruelty for dog fighting, dog training, animal abandonment or animal neglect within any U.S. State or its Territories. In addition, the adopter represents they are not adopting the dog on behalf of a family member or acting as an agent of any individual charged or convicted of animal cruelty for dog fighting, dog training, or animal abandonment or neglect. (Adopter Initials_____)

The adopter agrees to provide a healthy, comfortable, well nourished, and safe environment. The adopter agrees they will take necessary precautions for dogs with specific behavior issues indicated by PCRSS such as food aggression, or other animal aggression behavior. (Adopter Initials_____)

The adopter understands it is the policy of the United States and PCRSS to control the population and ensure the long-term health of the dogs by having all dogs spayed or neutered. Adult dogs will be spayed or neutered prior to adoption. For puppies too young or too small for surgery at the time of adoption, the Adopter agrees to have the dog spayed or neutered before they reach sexual maturity, approximately six months old. A receipt from the spay/ neuter veterinarian will be sent back to PCRSS for our records. A record of all vaccinations, heartworm prevention, or other preventative medications will be provided to the adopter. The adopter agrees to ensure all routine vaccinations, boosters, including heartworm preventive monthly treatments, are provided for the life of the animal. (Adopter Initials_____)

The adoption of animals by PCRSS fall under the legal jurisdiction of the State of Tennessee, its regulations and published guidelines. This contract Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee. If any of the provisions of this Contract Agreement are held illegal, invalid, or unenforceable, the enforceability of the remaining provisions will not be impaired. (Adopter Initials_____)

By signature acknowledgement the Adopter agrees to the full terms of this agreement as of the date provided below:

Adopter Signature: _____ **Date:** _____

Print Name: _____

PCRSS Acknowledgement: _____