



Eastern Plains Animal Welfare Alliance

2000 Rose Avenue

Burlington, CO 80807

epawaburlington@gmail.com

OFFICE USE ONLY:

Animal Name: _____

EPAWA ID#: _____

Foster: _____

Application Approved: _____

Fee Collected: _____

Date of Adoption: _____

ADOPTION APPLICATION

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

Employment _____ Employer name/phone _____

ABOUT THE HOME:

Type of residence: House Mobile home Apartment Condo

Own your home: _____ Rent: _____ Live with parents _____ Other: _____

If renting apartment, name of Apartment: _____

Landlord name and phone number: _____

How long have you been at this address? _____

Any plans to move in the next few years? Yes No

What would you do in you moved to a residence where dogs are not permitted?

Fenced yard? Yes No How tall is your fence? _____

ABOUT THE FAMILY:

How many adults in the home? _____ How many children? _____

Are all family members in agreement about getting a pet? Yes No

Is anyone in the home fearful of dogs? Yes No

Is anyone in the home allergic to dogs? Yes No

Who will be the primary caregiver? _____

Who will be financially responsible for the pet? _____

How would you describe the activity level and noise level of the home?

How often do you travel? _____

How will you have your dog cared for while you're away?

In the event of an emergency what kinds of arrangements do you have in place and who will care for your pet? _____

How many hours will dog be alone during the day? _____

ABOUT CURRENT PETS:

Please list all current pets:

Name	Species	Breed	Gender	Spayed or Neutered?		Vaccinated	
				Yes	No	Yes	No
_____				Yes	No	Yes	No
_____				Yes	No	Yes	No
_____				Yes	No	Yes	No
_____				Yes	No	Yes	No
_____				Yes	No	Yes	No

Do your cats get along with dogs? Yes No

Do your dog(s) get along with other dogs? Yes No

Do your current pets have any medical or behavioral problems? Yes No

If yes, please explain:

Who is your current veterinarian? _____
(Your veterinarian may be contacted as a reference)

PET HISTORY:

Have you ever rescued a pet? Yes No

Has your family have any past experience owning a dog? Yes No

Have you ever, circle all that apply:

Given a pet away Given a pet to a shelter Sold a pet

Have you ever had a pet for a short period of time and it didn't work out? Yes No

Have you ever had a pet that has given birth? Yes No

PLANS FOR YOUR NEW PET:

Why do you want to adopt a pet? Companionship Watch dog Other

If other, please explain: _____

Where will your pet live? Indoors mostly Outdoors mostly Outdoors only Not sure

Where will your pet be when nobody is home? Indoors Outdoors Not sure

Are you aware that some pets require week or sometimes months to adjust to a new home/family/environment/other pets? Yes No

Are you prepared to allow for that adjustment period? Yes No

Are you willing to bring a pet to your veterinarian for yearly exams and vaccinations as recommended by your veterinarian? Yes No

Are you willing/able to pay for emergency care that could result in a bill that could cost \$200-\$1,000 or more? Yes No

Are you willing to pay for pet expenses including veterinary care, supplies, toys, boarding/pet sitting, food, grooming, etc.? Yes No

Will you commit to providing a pet a home for its entire life? Yes No

If your pet exhibits behavioral or adjustment problems, how do you plan to handle this situation? _____

Anything else you would like to share with us?

Please list 3 non-related personal references:

Name

Phone number

Relationship

By signing below I certify that:

The information I have given is accurate

I understand that EPAWA has the right to deny any application

I give permission for a representative of EPAWA to call the references and veterinary practices I have listed

I understand that a home inspection may be required prior to adoption

_____ (Please Initial) I confirm that I have received the rabies information and hand-out from EPAWA along with my adoption application.

_____ (Please Initial) I confirm that all medical/treatment records pertaining to the animal being adopted are disclosed to me upon adoption.

Signature

Date

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR ADOPTION of EPAWA Felines and Canines

1. In consideration for being allowed to adopt _____,
an EPAWA Canine, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO HOLD
RESPONSIBLE EPAWA, The State of Colorado, their officers, agents, servants, volunteers, or employees
(hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, including court
costs and attorney fees, and causes of action whatsoever arising out of or related to any loss, damage, or
injury, including death, that may be sustained by me, my family, or any of the property belonging to me.
2. By adopting said canine I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS,
PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any
loss or damage of property owned by me, as a result of adopting said canine, WHETHER CAUSED BY
THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members
of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased,
and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO HOLD
RESPONSIBLE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and
Hold Harmless Agreement shall be construed in accordance with the laws of the State of Colorado.
4. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing
Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act
and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement,
have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release
for full, adequate and complete consideration fully intending to be bound by same.

Signed on this _____ day of, _____.

Participant/Adopter

Printed Name, Address, Phone Number

Signature
