

Adoption Application

Cooper's Companions Animal Rescue  
1940 Asbury Ln Boone, Colorado 81025  
7194065568

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name and ages of people living in your home:

Age \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Name \_\_\_\_\_

Is everyone in the house in agreement about adopting a new pet? Yes No

Do you own or rent? \_\_\_\_\_

Name and phone number of land lord/ owner if you rent? \_\_\_\_\_

Phone \_\_\_\_\_

Does your HOA have any restrictions on pets? Yes No

Phone \_\_\_\_\_

Do you have a fenced yard? Yes No N/A

How do you plan to exercise your pet? \_\_\_\_\_

Veterinarian: Name: \_\_\_\_\_

Number: \_\_\_\_\_

Personal References

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

Other Pets currently in your home:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Are your pets spayed/ neutered? Yes No

Are your pets up to date on vaccines? Yes No

Are children under age 18 taking care of pets? Yes No

Who is responsible for feeding pet? \_\_\_\_\_

Who is responsible for cleaning up after pet? \_\_\_\_\_

How often is "poop patrol"? \_\_\_\_\_

What activities do you do with your pets? \_\_\_\_\_

How much time will your animal spend alone during the day? \_\_\_\_\_

How many hours will your pet spend in a kennel am \_\_\_\_\_ pm \_\_\_\_\_ Total \_\_\_\_\_

Will you crate train your pet? Yes No

Where will your pet be kept during the day? \_\_\_\_\_

Where will your pet be kept during the night? \_\_\_\_\_

Will your pet be supervised in the back yard? \_\_\_\_\_

Pease describe your actions for the following behaviors? Barking, Digging, Nipping, Scratching, Spraying

---

---

---

What brand of food do you buy for your pet? \_\_\_\_\_

What brand of litter do you buy for your cat? \_\_\_\_\_

What brand of shavings do you buy for your PP? \_\_\_\_\_

Which animal are you interested in? \_\_\_\_\_

\_\_\_\_\_ I understand that no dog from CCAR will ever be tied up and living outside.

\_\_\_\_\_ I understand that all animals adopted from CCAR will not sleep outside at night.

\_\_\_\_\_ I understand that no animal adopted from CCAR will be left in a hot car.

\_\_\_\_\_ I understand that no animal adopted from CCAR will be left out in the snow, rain, hail, or freezing temperatures.

Yes No Have you ever given up a pet, or surrendered a pet to a rescue or shelter? Explain

Yes No Have you ever euthanized a pet? Explain

Yes No Would you be willing to surrender your pet to CCAR if you could no longer care for it?

Yes No Do you have time for a new pet?

What would you do if treatment for your pet was over \$1,000? Explain

---

---

List Previous Pets

Name	Species	Reason they are no longer with you
------	---------	------------------------------------

---

---

---

---

---

---

---

---

I understand that submission of this application does not guarantee the approval of my application. Cooper's Companions Animal Rescue reserves the right to deny an application for any reason we see fit.

\_\_\_\_\_ I agree

I accept that Cooper's Companions Animal Rescue makes no guarantee to the animal's health, history, age, breed, or temperament.

\_\_\_\_\_ I accept

I agree to give a new pet time to adjust to my home, and understand it does not happen overnight. Cooper's Companions Animal Rescue does NOT offer refunds for any reason.

\_\_\_\_\_ I agree

Are you willing to commit to the financial responsibility of the animal, including updated vaccinations, heartworm prevention, training, and other medical care for the life of the animal?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

I agree to have a home check as part of the adoption process.

\_\_\_\_\_ I agree

I accept that Cooper's Companions Animal Rescue does not know the past history of animals that are rescued.

\_\_\_\_\_ I accept

Name Print \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

CCAR Representative: \_\_\_\_\_

Date: \_\_\_\_\_