

**PO BOX 3370, SHALLOTTE N.C. 28459**

**OFFICE 910-579-0407**

**PLEASE COMPLETE ALL QUESTIONS**

**racerescue@atmc.net**

**ADOPTION APPLICATION**

Date Click here to enter a date.

Name of animal you wish to adopt \_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_

How did you hear about this animal? Petfinder[ ]  Facebook[ ]  Website[ ]  Pawprints[ ]  PetSmart[ ]

Other[ ]  If other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License # and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent [ ]  Own [ ]  Apartment [ ]  Condo [ ]  Townhouse [ ]  Single Family [ ]

If rental, please provide landlords name AND phone number or written proof of pet agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other adults living in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any children living in the home? If So - Ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone in the home been convicted of animal cruelty? Yes[ ]  No[ ]  If yes, please list the name of person or persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a fenced in yard? Yes[ ]  No[ ]

Where will the dog be kept when you are not at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own any other pets? Yes[ ]  No[ ]  If so, please describe:

What are the names of the pets you have and ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you own other pets, are they up to date on all their vaccinations? Yes[ ]  No[ ]

Name of your current Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_

If you own any other pets, are they spayed or neutered? Yes[ ]  No[ ]

Approximately how long will your pet be left alone every day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list nearest relative not living with you, their address and phone number. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INITIAL** EACH STATEMENT BELOW THIS LINE SHOWING YOU HAVE READ AND AGREE TO EACH STATEMENT

\_\_\_\_\_ I understand that I am fully responsible for the protection, care and medical treatment needed for this pet,

including food, water, shelter, vaccinations, heartworm and flea prevention

\_\_\_\_\_ I am aware of the financial requirements of owning a pet and I am financially able to comply with those standards

\_\_\_\_\_ I understand that this dog will not live outside as a “yard” or “guard” dog

\_\_\_\_\_ I understand and agree that at No Time will the dog be chained or tied in any yard

\_\_\_\_\_ I agree to obey all the applicable laws governing control and custody of animals

\_\_\_\_\_ I agree to place identification on the pet listing my name and phone number

\_\_\_\_\_ I agree to permit follow up home visits to my residence

\_\_\_\_\_ I understand that R.A.C.E. has the right to take legal action to protect adopted animals

\_\_\_\_\_ I understand that R.A.C.E cannot guarantee the health, temperament or behavior of the pet and hereby release adoption agency from any claim or liability for injury or damage to persons or property once the animal is in my possession

\_\_\_\_\_ If at any time I am no longer able to care for this animal, I will return he/she back to the custody of R.A.C.E

\_\_\_\_\_ As a courtesy, R.A.C.E. has provided me with all obtained information about this pet. I understand that they

cannot guarantee the accuracy of the information and I have based my adoption decision on my own evaluation

of the pet’s character and condition

\_\_\_\_\_ I understand that R.A.C.E will cover the cost for pre-existing medical conditions only if I notify

 R.A.C.E first to arrange any necessary treatment

\_\_\_\_\_ I understand that the adoption fee is a donation and is non refundable

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**By typing your full legal name above, it is considered the same as a signature and signifies that all statements made in the above application are true and correct.**