



**CARE - ADOPTION APPLICATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ May we call you at your work?: \_\_\_\_\_

Do you live in: a rental apartment \_\_\_\_\_ a rental house \_\_\_\_\_ your own apartment \_\_\_\_\_ your own home \_\_\_\_\_ other? \_\_\_\_\_

If there are any children in the home, please list their names and ages:

Names: \_\_\_\_\_

Ages: \_\_\_\_\_

Please list the names and relationships of other people in your home:

Names: \_\_\_\_\_

Relationships: \_\_\_\_\_

Where will your pet be kept during the day?: \_\_\_\_\_ Where will your pet sleep at night?: \_\_\_\_\_

Do you have a fenced in yard?: \_\_\_\_\_ Pen for dog?: \_\_\_\_\_ Type of shelter outdoors: \_\_\_\_\_

Have you ever brought an animal to us?: \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Have you ever adopted from us?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

Please list your pet's name(s), breed(s) and age(s):

Name	Age	Breed	Where are they now?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do all of your current pets receive monthly Heartworm Prevention & yearly vaccines? \_\_\_\_\_

Do you agree that if for any reason you must give up this pet, it will be returned to CARE? \_\_\_\_\_

Do you agree to follow up on all vaccinations (boosters and yearly vaccines)? \_\_\_\_\_

Do you agree to provide your pet with Heartworm Prevention on a monthly basis? \_\_\_\_\_

Are you willing to comply with follow-up calls/visits by CARE? \_\_\_\_\_

***Our suggested minimum adoption fee is CI \$100 and will include a 6 month pack of Heartgard together with vaccinations and spaying/neutering. Should all 3 vaccinations not have been done at the time of adoption, follow-up vaccines are not covered by CARE. We do our very best to place only healthy animals for adoption, but animals with unknown backgrounds can become sick. If this occurs, you have the option of returning the animal to CARE, or having it treated at your own expense by your veterinarian. If you choose to return the animal for this or any other reason, please understand that NO REFUND will be given.***

I certify that all information I have given is true, and I understand that false information may result in nullifying this adoption.

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

Animal Name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Heartgard Provided: \_\_\_\_\_

CARE: \_\_\_\_\_

