Today's Date:
Name:
Address:
Home Phone:
Work Phone:
Cell Phone:
Email:
Alternate Email:
What are the names of the pets you are interested in adopting? Place of Employment
What is your occupation and job title?
Do you own or rent? Own Rent How much is pet deposit (renters only), enter N/A if you own?
Does your landlord / apartment / condo association allow pets? Yes No
If you rent, what is your landlord's name and phone number?
What is your household's general noise and activity level? Low Medium High Extremely Active & Noisy
Please list names and ages of all people in household:
Please select type of fence you have: Halo Invisible Fence - Underground Physical Fence - Split Rail Physical Fence - Vinyl Physical Fence - Wood Solid (not split rail) No Fence, Tie Out

How long will the dog be outside each day without supervision?
If you do not have a fenced in yard, how much exercise on a weekly basis will the dog have, and how will the dog get the exercise?
Has any members of your home been told they are allergic to dogs or cats? Yes No
What brand of food do your feed your pets?
Please list your veterinarian name and phone number:
How long have you been a client at the veterinarian listed?
If you do not have a veterinarian currently, please list the name of the veterinarian you will use for care of this pet: _
If you have been a client of the veterinarian listed for less than 5 years, who was your previous veterinarian?
If you have a current dog, what was date of rabies vaccine?
What was the date of your current dog(s) DHPP vaccine?
What date did your current dog(s) have a Bordetella vaccine? (If you do not get Bordetella vaccinations for your dog(s), enter N/A)
Should your pet become ill or injured, how much are you prepared to spend?

Please list current pets and their history (pet name, type (dog or cat), breed, age, sex, spay/neuter, was cat declawed, time owned): _____

Please list all previous pets that are no longer residing with you for ANY reason (pet's name, breed, age, sex, spayed/neutered, declawed cat, time owned, reason no longer own, date deceased).

How long will the pet(s) be alone (without humans) everyday?

Who will care for this pet if/when you go out of town?

Are all members of your household aware of your plans to adopt this pet? Yes No

Do you agree to a home visit and understand it might be required prior to adoption? Yes No

Is there any additional information you would like to share with us about why you think this dog / puppy is a good fit for your home and lifestyle?

I am donating an adoption fee to PAWSITIVE HEARTS PET THERAPY AND RESCUE, INC. ("PHPT&R") to help defray partial costs involved in the vetting of this pet.

I / we Agree I/ we DO NOT Agree

I/we understand that PHPT&R can make no warranty or representation as to the continued good health and disposition of the pet(s) I am adopting, and from this date forward I/we assume all expenses in connection with the maintenance and health of this pet. I/we acknowledge all future veterinary bills are solely the responsibility of me/us as the pet adopter.

I / we Agree I/ we DO NOT Agree

I/we understand that PHPT&R will have the right to ascertain the conditions of this agreement are being complied with on a continuing basis. PHPT&R may do this through home visits (we will call first for a convenient time) and by phone calls to verify vet check ups for ongoing care of this pet(s). If I/we violate any of the above terms, PHPT&R will have the right to immediately reclaim the adopted pet. I/we understand we forfeit any adoption donation paid for the pet(s).

I / we Agree I/ we DO NOT Agree

I/we understand the spirit of this contract is for the protection of the adopt pet(s), and I/we will take care of the adopted pet(s) to the best of my/our ability. I/we understand and agree to pay all expenses, including court costs and reasonable attorney fees necessary to enforce this contract.

I / we Agree I/ we DO NOT Agree