

Hope Rescues Adoption Application

3701 Coronado Drive Alton I L, 62002 (618) 463-9983 www.hoperescues.com

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Date:	_		
Name of pet you are interested in	(if known):		
Applicant's Name:		· · · · · · · · · · · · · · · · · · ·	
Driver License Number :			_
Present Street Address:			
City:	State:	Zip:	
How long at this address?	Years	Months	
Home Phone No.:	-		
Work Phone No.:	 	 	
Cell Phone No.:	· · · · · · · · · · · · · · · · · · ·	 	
E-mail Address:			
Are you over 18 years of age?			
Yes			
No No			
Occupation:	· · · · · · · · · · · · · · · · · · ·		
Hours away from home:			
Type of home:			
House			
Duplex			
Apartment			
Condo			
Mobile Home			

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	Other If Other, please cribe:
	you rent or own: Own Rent Other Arrangement If Other Arrangement, please
Nar	me of apartment complex, mobile home park and landlord (if applicable):
	pets allowed? Yes No ase list pet restrictions, if any (ex. weight, number of pets allowed, etc.):
	you have a fenced yard? Yes No If yes: Type of fence: (ex. wood, chain link, etc.): Height of fence:
Are	you planning to move in the near future? Yes No

If yes, what will you do with your pet(s)?		
		
How many children live in your home ? List Ages:		
Do any members of your household have allergies? Yes No		
CURRENT PETS:		
Please list all of the pets currently in your household (include any pets belonging to roommates):		
PET NO. 1:		
Pet's Name:		
Type of pet (dog, cat, ferret, etc.):		
Breed:		
Gender: Male Female		
Age of pet:		
This pet belongs to: Applicant Applicant's Roommate(s)		
Applicant 3 (Commute(3)		
This pet is kept: Indoors		
Outdoors		
Indoors/Outdoors		

Is this pet spayed or neutered?			
C Yes			
C No			
PET NO. 2:			
Pet's Name:			
Type of pet (dog, cat, ferret, etc.):			
Breed:			
Gender: Male Female			
Age of pet:			
This pet belongs to: Applicant Applicant's Roommate(s)			
This pet is kept: Indoors Outdoors Indoors/Outdoors			
Is this pet spayed or neutered? Yes No			
PET NO. 3:			
Pet's Name:			
Type of pet (dog, cat, ferret, etc.):			
Breed:			
Gender: Male Female			
Age of pet:			

	s pet belongs to:
	Applicant
	Applicant's Roommate(s)
	s pet is kept:
	Indoors
	Outdoors
	Indoors/Outdoors
	nis pet spayed or neutered?
	Yes
	No
Plea	ase list additional pets here:
	
VE	TERINARIAN INFORMATION:
Vet	erinarian's Name:
	erinarian's Address:
Vet	erinarian's Phone No.:
Vet	erinarian's Fax No.:
PE1	THISTORY:

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	Yes
	No
	If yes, list the Type of Animal, Sex, Age, Neutered (Y/N) and what happened to it
Ha*	ve you adopted any pets from a rescue group or animal shelter in the past? Yes No If yes: Which rescue group(s) and/or shelters?
	Where is this pet now?
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PE	T SPECIFICS:
	nat gender of pet are you interested in adopting? Male Female
	No preference

	Hunting Guard Dog/Protection Working/Farm
I wa	ant this pet for: (check all that apply): Breeding Child's pet Gift Companion
Hov C C C	Very Active (needs lots of exercise) Active (needs a moderate amount of exercise) Sedentary (couch potato) No preference
	Toy (under 10 lbs.) Small (11-25 lbs.) Medium (26-50 lbs.) Large (51-90 lbs.) Giant (Over 90 lbs.) No preference
	Adult (over 1 yr.) Older Puppy (5 mos. to 1 yr.) Younger Puppy (younger than 5 mos.) No preference

	Mostly outdoors
	Equally indoor/outdoor
	Undecided
How	long will your pet be left by itself during the daytime?
	en your pet is left by itself, the pet will stay: Outside
	Indoors in a crate
	In a restricted area indoors
	Allowed to roam free indoors
Whe	ere will your pet sleep at night?
	
Do y	you currently own a doghouse? Yes No you be using a tie-out or chain to secure the dog? Yes No
	ou live on acreage in the country, how will you keep your pet confined to your property?
	<u></u>
CAF	RE AND TRAINING
Who	o will be responsible for the socialization, medical care and training of this pet?

Would	d you be interested in attending training sessions?
□ Y	'es
	No
Who	will be responsible for housetraining this pet?
Are yo	ou interested in information on housetraining? 'es
	No
B0-01	ou interested in information on obedience training?
There	e are times when unexpected and often very expensive medical conditions occur. Are you nitted to providing whatever medical care your veterinarian deems necessary for your pet?
List ye	our personal reasons for wanting a pet:
	
Are y	ou willing to allow a representative of our group visit your residence?
□ Y	′es
	lo
Additi	onal Comments:

I/we, the undersigned adopting party, understand and agree to the following terms and conditions of this contract in the acquisition of the above-described animal, hereinafter referred to as "pet":

- 1. To return the pet to the Rescue Program if unable to keep the pet. To never abandon the pet or surrender, sell, or give the pet to a shelter, pet dealer, or a laboratory.
- 2. To notify the Rescue Program if the pet is lost or stolen and to make all reasonable efforts to locate the pet.

- 3. To never allow this pet to be trained for or used for protection or as an attack pet.
- 4. To treat this pet as a family pet with affection and kindness, never subjecting this pet to abuse or cruelty.
- 5. To provide regular veterinary care, including annual shots, heartworm preventative, and parasite checks.
- To always keep this pet within a fenced yard (not on a chain, or a leash), or safely within the 6. home.
- To not transport this pet unconfined in an open vehicle.
- To regularly check the tightness of any collar. To affix any licenses and tags to the collar and to never leave a choke chain on the pet when not attended. the Adopter(s) shall comply with all state / local ordinances regarding pet licensing, identification and restraint.
- To notify the Rescue Program of the pet's annual progress.
- 10. To allow the Rescue Program to periodically check on this pet.
- 11. To contact the Rescue Program, a veterinarian, or an obedience trainer when problems arise so that the problem may be eliminated or alleviated.

I/we furth

have been exposed to any infectious disease

I/W6	tur	ther understand and agree that:
	1.	Non-compliance with any of the above terms and conditions may result in the immediate forfeiture of the pet and that the Rescue Program may reclaim this pet without payment
		of compensation to me/us. Initials:
	2.	The Rescue Program has advised me/us that the pet can sometimes dig, chew, soil, and exhibit other undesirable traits unless properly supervised, confined, and trained. Initials:
	3.	The Rescue Program has advised me that this pet may have been neglected, mistreated, or abused
	and	that special care or precautions may be required. Initials:
	4.	Any notices required to the Rescue Program required by this contract will be sent first class mail
	init	ials:
	5.	The Rescue Program has provided me/us with the above-mentioned pet. Initials:
		sideration of the adoption of this pet, I/we agree to assume full responsibility for the conduct of this the date of this contract. I/we further agree to hold harmless the Rescue Program and any
		als associated with the Rescue Program and to indemnify such organizations or individuals for any
		s or costs resulting from liability, known or unknown, anticipated or unanticipated, as a result of the
	_	aduct after the date of this adoption contract. I/we agree to accept responsibility for any and all

By your signature below, you hereby certify that the information given above is truthful and correct.

future costs incurred for treatment or prevention of any illness in the pet. I/we understand that the pet may

Print Name)
Date)
Signature)