



# Giles Animal Rescue, Inc.

## Application for Adoption



**Completion of this application does not guarantee adoption of a foster animal in the care of Giles Animal Rescue, Inc.**

Complete the entire application. Please check each item to indicate that you have read it.

In order to be considered as an adopter you must:

- ☐ Be at least 18 years of age and have a valid driver's license or ID with your current address
- ☐ Have the knowledge and consent of your landlord if renting
- ☐ Understand that if you can no longer care for the pet, you will return it to Giles Animal Rescue volunteers.
- ☐ Understand that you will need to provide proper food, shelter, training, exercise and veterinary care for the life of this animal.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

Number of Adults in Household \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

Are all the adults in your household in agreement about your adopting a dog or cat? ☐ Yes ☐ No

List other Adults living in household: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Who will be the primary caregiver for your new dog or cat? \_\_\_\_\_

Is any member of the household allergic to dogs or cats? \_\_\_\_\_

What type of housing do you live in? ☐ house ☐ apartment ☐ condo ☐ mobile home ☐ duplex

Do you own or rent? \_\_\_\_\_ Do you have a fenced yard? \_\_\_\_\_

If renting, please provide Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Why do you want a dog or cat? \_\_\_\_\_

What qualities are you looking for in a dog or cat \_\_\_\_\_

Which of the following **dog** or **cat** behaviors would be a serious problem for you:

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> not good being left alone         | <input type="checkbox"/> difficult to walk on a leash  | <input type="checkbox"/> excessive barking    | <input type="checkbox"/> shedding    |
| <input type="checkbox"/> not getting along with cats       | <input type="checkbox"/> not playful with children     | <input type="checkbox"/> scratching furniture | <input type="checkbox"/> too active  |
| <input type="checkbox"/> not playful with other animals    | <input type="checkbox"/> not using a litter box        | <input type="checkbox"/> not housetrained     | <input type="checkbox"/> digging     |
| <input type="checkbox"/> not getting along with other dogs | <input type="checkbox"/> not getting along with family | <input type="checkbox"/> jumping a fence      | <input type="checkbox"/> other _____ |

How many hours each day will the dog or cat be left alone? \_\_\_\_\_

Where will the cat or dog be kept when left alone? \_\_\_\_\_

Where will the dog or cat be when you are home? \_\_\_\_\_

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

Are there times when the dog will be tied outside? \_\_\_\_\_ If yes, when? \_\_\_\_\_

How often and what type of exercise will you give your dog? \_\_\_\_\_

Name & description of dog or cat you are interested in? \_\_\_\_\_

Will this be your first dog or cat? ☐ Yes ☐ no

If you **presently** have a companion animal(s), please complete:

How many cat(s)? \_\_\_\_\_ Age of cat (s) \_\_\_\_\_ Gender(s) \_\_\_\_\_ Spay/neutered \_\_\_\_\_

How many dog(s)? \_\_\_\_\_ Age of dog (s) \_\_\_\_\_ Gender(s) \_\_\_\_\_ Spay/neutered \_\_\_\_\_

Are all of your pets up to date on vaccinations? ☐ Yes ☐ No Date of last vaccinations \_\_\_\_\_

If you **previously** owned a companion animal(s), please let us know the type of pet, age, how long you had them, and why you no longer have the animal.

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

Name of your current veterinarian(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/Town \_\_\_\_\_

Name of your previous veterinarian(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/Town \_\_\_\_\_

Do you have any objection to our contacting this vet? \_\_\_\_\_

Have you ever turned a pet into a shelter? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you planning to attend obedience classes with your new dog? ☐ Yes ☐ No ☐ I am comfortable training my new pet

If your new dog is not housebroken, how will you correct him/her when there is an accident, and what method will you use to train him/her? \_\_\_\_\_  
\_\_\_\_\_

How long do you expect housetraining to take? \_\_\_\_\_

When you go on vacation/travel, who will care for the dog or cat? \_\_\_\_\_

Are you willing & able to pay for annual vaccinations, required rabies tags, county animal tag? ☐ Yes ☐ No

Do you agree **not** to have a cat declawed or **not** to dock/clip dog's tail or ears? ☐ Yes ☐ No

Are you willing & able to pay for heartworm prevention and flea and tick prevention? ☐ Yes ☐ No

How much do you estimate all routine veterinary care will cost each year? \_\_\_\_\_

How much do you estimate will be the annual cost of dog or cat food and treats? \_\_\_\_\_

Are you ready to take responsibility for this dog/puppy for the next 10-15 years? \_\_\_\_\_

Are you willing to have a representative of Giles Animal Rescue visit where the dog or cat will be living? ☐ Yes ☐ No

Please provide the name, address, and phone of three references who are familiar with you and your relationship with your animals.

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

(3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**I have read and am in agreement with the following terms of adoption:**

- ☐ The animal will receive proper food and water, shelter, and loving humane treatment by myself and other family members, and will not be left alone for extended periods of time (more than an average work day).
- ☐ The animal will be kept indoors (cat) or in a sheltered kennel (dog), and not allowed to run unsupervised in an outdoor environment.
- ☐ If animal is tied outside, the tie must be no shorter than twenty (20) feet, and the area must be adequately sheltered against environmental conditions. The tie must be free of obstacles around which the animal could entangle itself.
- ☐ I understand that **Giles Animal Rescue, Inc.** has little or no knowledge of the animal, including its medical condition or background or behavioral disposition and makes no warranties with regard to the health of the animal and disclaims any liability for any current or future medical condition, sickness or disease. Any known health conditions will be disclosed to me while adoption is pending.
- ☐ When I assume ownership, the animal will receive annual vaccinations according to a veterinary schedule, and will be treated immediately for any illnesses or injuries that may occur.
- ☐ The animal will not be subject to harassment by myself or other persons who live or visit my home, and will be protected from other animals in my care. Additionally, the animal will not be used for purposes of experimentation, vivisection, or for breeding.
- ☐ I will not sell or give away this animal to anyone. It will be returned to **Giles Animal Rescue, Inc.** if I no longer want this pet.
- ☒ I understand that if I knowingly fail to comply with the above terms, or in any way put the animal in a situation which endangers it's health, **Giles Animal Rescue, Inc.** may take appropriate action, including removing the pet from my possession and/or legal action against me.
- ☐ If, at any time, I am unable to care for the animal according to the conditions stated above, I will allow **Giles Animal Rescue, Inc.** to resume ownership of the animal.
- ☐ I release **Giles Animal Rescue, Inc.**, its **Board of Directors, volunteers, foster homes** and **representatives**, and the **veterinarian** treating the animal at the request of **Giles Animal Rescue, Inc.** from any and all claims and actions, whether for property damage caused by the animal(s), for personal injury to me, family members and other animals in my care (personal pets or livestock) from biting, scratching, transmittal of disease, and/or any other matter attributable to said animal(s).
- ☐ I agree to pay the pre-determined **adoption fee of \$\_\_\_\_\_**. I understand this is to help defray the costs for veterinary care provided such as spay/neuter/vaccinations/deworming/heartworm & Lyme Disease test and preventive medication/feline leukemia test and/or vaccinations, flea and tick treatment if needed or any other necessary or routine care costs prior to taking ownership of this animal. All charges will be discussed with me while adoption application is pending.

***I certify that the information above is true and understand that false information will result in nullification of this adoption.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

----- **For Office use only** -----

Date contacted by potential adopter : \_\_\_\_\_ Application reviewed by \_\_\_\_\_

Date current vet contacted: \_\_\_\_\_ Name of current vet \_\_\_\_\_

Comments: \_\_\_\_\_

Date previous vet contacted: \_\_\_\_\_ Name of previous vet \_\_\_\_\_

Comments: \_\_\_\_\_

Date reference #1 contacted: \_\_\_\_\_ Name of reference #1 \_\_\_\_\_

Comments: \_\_\_\_\_

Date reference #2 contacted: \_\_\_\_\_ Name of reference #2 \_\_\_\_\_

Comments: \_\_\_\_\_

Date reference #3 contacted: \_\_\_\_\_ Name of reference #3 \_\_\_\_\_

Comments: \_\_\_\_\_

Date of Home Inspection: \_\_\_\_\_ Comment \_\_\_\_\_

**Recommendation:** ☐ **Approved** ☐ **Not Approved** **Date** \_\_\_\_\_