



Hope Rescues Adoption Application

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

Date: _____

Driver License Number : _____

Name of pet you are interested in (if known): _____

Applicant's Name: _____

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

Occupation: _____

Hours away from home: _____

Type of home:

- House
 Duplex
 Apartment
 Condo
 Mobile Home

Other
If Other, please describe: _____

Do you rent or own:

Own

Rent

Other Arrangement

If Other Arrangement, please describe: _____

Name of apartment complex, mobile home park and landlord (if applicable):

Are pets allowed?

Yes

No

Please list pet restrictions, if any (ex. weight, number of pets allowed, etc.):

Do 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)

This pet is kept:

- Indoors
 Outdoors
 Indoors/Outdoors

Is this pet spayed or neutered?

- Yes
 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: _____

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

Please list additional pets here:

VETERINARIAN INFORMATION:

Veterinarian's Name: _____

Veterinarian's Address: _____

Veterinarian's Phone No.: _____

Veterinarian's Fax No.: _____

PET HISTORY:

Have you had any other pets in the last five years that are not listed on this application?

Yes

No

If yes, list the Type of Animal, Sex, Age, Neutered (Y/N) and what happened to it

Have 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?

PET SPECIFICS:

What gender of pet are you interested in adopting?

- Male
- Female
- No preference

What age pet are you interested in adopting?

- Adult (over 1 yr.)
- Older Puppy (5 mos. to 1 yr.)
- Younger Puppy (younger than 5 mos.)
- No preference

What size dog are you interested in adopting?

- Toy (under 10 lbs.)
- Small (11-25 lbs.)
- Medium (26-50 lbs.)
- Large (51-90 lbs.)
- Giant (Over 90 lbs.)
- No preference

How active would you like your pet to be?

- Very Active (needs lots of exercise)
- Active (needs a moderate amount of exercise)
- Sedentary (couch potato)
- No preference

I want this pet for: (check all that apply):

- Breeding

- Child's pet
- Gift
- Companion
- Hunting
- Guard Dog/Protection
- Working/Farm
- Companion for other pet
- Other

If other, please
explain: _____

How long have you been looking for a
pet? _____

My pet will be kept:

- Mostly indoors
- Mostly outdoors
- Equally indoor/outdoor
- Undecided

How long will your pet be left by itself during the daytime?

When 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

Where will your pet sleep at night?

If your pet is left outdoors, what type of shelter will be provided?

Do you currently own a doghouse?

- Yes
- No

Will you be using a tie-out or chain to secure the dog?

- Yes
- No

If you live on acreage in the country, how will you keep your pet confined to your property?

CARE AND TRAINING

Who will be responsible for the socialization, medical care and training of this pet?

Would you be interested in attending training sessions?

- Yes
 No

Who will be responsible for housetraining this pet?

Are you interested in information on housetraining?

- Yes
 No

Are you interested in information on obedience training?

- Yes
 No

There are times when unexpected and often very expensive medical conditions occur. Are you committed to providing whatever medical care your veterinarian deems necessary for your pet?

List your personal reasons for wanting a pet:

Are you willing to allow a representative of our group visit your residence?

- Yes
 No

Additional Comments:

Please enter your initials in the space provided after each statement

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.
6. To always keep this pet within a fenced yard - not on a chain, or a leash (unless being walked), or safely within the home.
7. To never transport this pet unconfined in an open vehicle such as the bed of a truck or open jeep.
8. 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.
9. To notify the Rescue Program of the pet's annual progress
10. To notify the Rescue Program if I / we move
11. To allow the Rescue Program to periodically check on this pet.
12. To contact the Rescue Program, a veterinarian, or an obedience trainer when problems arise so that the problem may be eliminated or alleviated.
13. That any pet over the age of 6 months and not altered prior to adoption, must be altered within 1 month of this signed contract.

And that any pet less than 6 months of age must be altered when they reach 6 months of age.

I/we further 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.
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.
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.
- 4 . Any notices required to the Rescue Program required by this contract will be sent first class mail
5. I also am aware that if, for any reason, that I am unable to keep this pet, whether voluntary or involuntary that I may not receive a full or partial refund of my adoption fee.

In consideration of the adoption of this pet, I/we agree to assume full responsibility for the conduct of this pet upon the date of which I/we take the pet home. I/we further agree to hold harmless the Rescue Program and any individuals associated with the Rescue Program and to indemnify such organizations or individuals for any damages or costs resulting from liability, known or unknown, anticipated or unanticipated, as a result of the pet's conduct after the date of this agreement. I/we agree to accept responsibility for any and all future costs incurred for treatment or prevention of any illness in the pet. I/we understand that the pet may have been exposed to any infectious disease.

By your signature below, you hereby certify that the information given above is truthful and correct and that you agree to abide by all specified rules.

Your Name

Date: