

COASTAL CANINE RESCUE

Phone: 910-470-5554

ADOPTION APPLICATION

Adoption Fee \$ _____

Cash _____ Check # _____ DL # _____ State _____

Fostered by: _____ Phone: _____

Animal Name: _____ Age: _____ Male / Female

Breed: _____ Color: _____

Adopter's Name: _____

Physical Address: _____

How long at this address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Work: _____ Phone: _____

Nearest Neighbor: _____ Phone: _____

Of Adults in Home: _____ Children and Ages: _____

Do you: Own your home? _____ Rent? _____ Roommate? _____ Live with Parents? _____

Name of Vet: _____ Phone: _____

Who will be responsible for care of pet? _____

Do you have a fenced in area at your home? If Yes, Please describe: _____

Why do you want to adopt? _____

Who will take care of the pet in your absence? _____

How many hours per day will this pet be left alone? _____

Where will this pet sleep at night? _____

If you move, what will you do with this pet? _____

What will you do if this pet does not get along with your other animals? _____

What do you estimate the cost will be per month to care for this pet? _____

Have you ever taken an animal to a shelter before? _____

Why? _____

Do you understand that a pet is a life long commitment? (15-20 yrs) _____

List current and/or previous pets below:

Breed	Sex	Age	Altered?	How long with you?	Still have (yes or no?)	Why?
_____	M / F	_____	YES / NO	_____	YES / NO	_____
_____	M / F	_____	YES / NO	_____	YES / NO	_____
_____	M / F	_____	YES / NO	_____	YES / NO	_____
_____	M / F	_____	YES / NO	_____	YES / NO	_____
_____	M / F	_____	YES / NO	_____	YES / NO	_____

We care about this animal and need to check on his/her progress in his/her new home. If you don't return our phone calls and inquiries, we assume that something is wrong. Do you agree to have open communication with us, return phone calls and honestly answer our questions when we call to check on the animals well being?

Initial Here: _____

Description of Special Needs (if any): _____

Current Food: _____
Feeding Schedule: _____
Heartworm Prev: Last date given: _____ Type: _____
Flea Prevention: Last date given: _____ Type: _____

Do you agree, if for any reason you can no longer provide a home for the pet, that you will return it to us, Coastal Canine Rescue, and will not FOR ANY REASON ever take this pet to an animal shelter or to Animal Control?

Initial Here: _____

By initializing here you acknowledge that you live in New Hanover County and you have received the list of fees and fines for New Hanover County Animal Control and that you have read and understand that you have up to thirty (30) days from the date of adoption to register your new dog with Animal Control. If you are adopting a puppy that has not yet received a rabies vaccine, you understand that you MUST have the puppy vaccinated at the age indicated by your vet and you must register the puppy at that time.

County of Residence: _____ Initial Here: _____

By signing this contract you are agreeing to take proper care of this pet including proper housing, good diet, yearly vaccinations, monthly heartworm preventative, rabies shots according to laws and all necessary veterinary care. Coastal Canine Rescue reserves the right at any time during the animal's life to come to your property and TAKE THE ANIMAL BACK if you are found violating any part of this agreement.

You have ten (10) days in which to return the animal for a full refund of the adoption fee. After ten (10) days we cannot refund any money however, as stated above, we DO expect the animal to be returned to us if for any reason you cannot keep it.

Coastal Canine Rescue makes no claims or guarantees about this animal's temperament and is NOT liable for any future injury or damage that may be caused by this animal. We love our animals and do not want them mistreated in any way. Love them and they will be your friend for life. They come with no guarantee or warranty. YOU are responsible for this animal's well being.

We STRONGLY recommend that you enroll in a basic obedience class with all adopted dogs.

I certify that all above information is true and correct and that any FALSE information will result in NULLIFYING the adoption.

We may call to schedule a home visit within the next thirty (30) days.

Adopter's signature: _____ Date: _____

Witness signature: _____ Date: _____