

CITIZENS FOR ANIMAL PROTECTION DOG ADOPTION APPLICATION

You must be 18 years or older to adopt from CAP and complete this Adoption Application.
Please turn this into the Customer Service Associate when complete.

Adoption Process Time: (staff only)		Date: _____
Start Time: _____ Time Completed: _____		Adoption Counselor: _____
Animal Information: (staff only)		Foster: _____
1st adoption:	Incoming # _____ \$ _____ \$ _____	Disc. Type _____
2nd adoption:	Incoming # _____ \$ _____ \$ _____	Disc. Type _____
Adopter Name: _____ DL # _____		**REQUIRED**
Adopter Address: _____ Apt _____		
City: _____ State: _____ Zip: _____		
How long have you lived at this address? _____		Is this where the animal will live? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 1: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Phone 2: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Email: _____		
Your Employer (company name): _____		
<i>If not employed, please list other sources of income or person who will be financially responsible for the care of pet</i>		
I live in: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Condo/Townhome <input type="checkbox"/> Other: _____		
<input type="checkbox"/> I own my home		
or <input type="checkbox"/> I rent my home - Landlord or Apt name: _____		Phone: _____
or <input type="checkbox"/> Someone else owns my home (parents, roommate relative, etc): _____		
Please list <u>all adults</u> living in the residence:		
Name: _____		Name: _____
Relationship: _____		Relationship: _____
DL#: _____		DL#: _____
Phone #: _____		Phone #: _____
If you have additional adults to add, please add their details on the very back of this form.		
How many children live at this residence? _____		Ages: ____ / ____ / ____ / ____

Chk
animal

Chk
memos

History/
Memos

Chk
name &
ID

Verify
address

Deposit

Rent

of pets

CURRENT PET HISTORY: Please list pets you currently have

Type of Pet	Age	Spayed/Neutered?	Kept inside? Outside? Both?

PREVIOUS PET HISTORY: Please list pets you have had in the past 5 years, but no longer have

Type of Pet	Age	Spayed/Neutered?	Reason No Longer Have

Have you adopted from CAP previously? Yes No If yes, do you still have the pet? Yes No

What is the name of your veterinarian or clinic? _____

Are all of your own animals current on vaccinations? Yes No

Are all your animals current on heartworm preventative? Yes No

What is the name of the preventative? _____

Please tell us why you have decided to adopt an animal today: _____

Who will be the primary caregiver of this animal? _____

When you are at home, where will this animal be? _____

When you are out (work, errands, etc.), where will this animal be? _____

On a typical day, how long will this animal be left alone? _____

How will this animal be confined to your property? _____

What type of shelter will this animal have when outside? _____

Please check any of the following items that you would like information about:

- Heartworms and their effect if not prevented
- Housetraining Cratetraining
- Obedience training
- How to discourage chewing or destructive behavior
- How to introduce this animal to my other pets
- How to transport safely in a vehicle

- Importance of vaccinations
- Leash laws in my area
- Best types of dog food and treats
- How to introduce this animal to my children
- Common diseases and what to do for after I take this pet home

Please feel free to ask your adoption counselor any other questions or concerns you may have!

ADOPTION REQUIREMENTS

Please read and circle YES or NO

I agree to authorize CAP to verify my information, and I understand that CAP reserves the right to approve or deny my application based on the information provided. **YES NO**

I certify that all adults at this residence are aware and have consented to the adoption of this pet. **YES NO**

I certify that I have permission from my apartment complex or landlord to have this pet there. **YES NO**

I understand that CAP can make no guarantees as to the temperament or health of this animal, and I can return this pet **within 2 weeks of adoption** if there is a temperament or health issue. **YES NO**

I understand that I may be eligible for an exchange (dependent on the circumstances) if I decide to return the pet within two weeks of adoption. **YES NO**

I agree to make an appointment with a veterinarian at a full-service clinic **within 72 hours** of picking up the pet. I understand that this examination is free if I use the veterinarians on the list given to me. **YES NO**

I understand that I may call CAP if this pet becomes ill within two weeks of adoption (or if the free examination finds a health concern). I will be able to bring the pet in for a free veterinary evaluation. If the CAP veterinarian determines that the pet had a preexisting condition at the time of adoption or develops an illness that could have been obtained at CAP, I have the option to purchase medications at a minimum cost for my pet. Health issues that originate after 2 weeks of the adoption must be addressed at my own vet clinic. **YES NO**

I understand and agree that if I choose to have this pet treated outside of CAP, I will be responsible for all expenses that are incurred. **YES NO**

I understand and agree to provide proper care, companionship, medical treatment, obey local and state laws, and provide any other needs that will ensure this animal enjoys a happy, healthy, and loving life. **YES NO**

If I can no longer care for this pet, I agree to return it to CAP and NOT re-home it. **YES NO**

I certify that I have answered all questions and provided information truthfully and to the best of my ability. I understand that any false information may be cause for denial of this application. **YES NO**

I understand that once this application is submitted, it becomes the legal property of CAP, and information cannot be altered or changed. **YES NO**

I understand the contribution given by me is not refundable. **YES NO**

Signature: _____

Date: _____

STAFF USE ONLY	
Approved _____ by _____	or Declined _____ by _____
Reason _____	