



Canine Companions Rescue Center

ADOPTION APPLICATION

DOG NAME:	TAG NUMBER:	DATE:
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Which one of our dogs are you interested in? _____

Primary Adopter _____

Secondary Adopter _____ Relationship to Primary _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell (____) _____

Drivers License Number _____ Expiration Date _____

Occupation _____ Employer _____

Work Phone (____) _____ Email _____

Friend/Relative we can contact if your pet is found _____ Phone (____) _____

Are you 18 years or older? Yes No

People in your home: Adults _____ Children _____ Ages of children _____

Do you: Own Rent Live With Parents

If you rent, landlord name _____ Phone (____) _____

Do you live in a/an: Apartment House Condo Townhouse Trailer Park

I have/plan to have: Fenced Yard Tie out Outdoor run Invisible Fence Dog House

How many hours per day do you expect the dog to be left alone? _____

When the dog is not supervised it will be: Loose in house Crated in house Room Yard Garage

Have you ever owned a dog in your adult life? Yes No

List animals you have owned in the past five years (starting with current or most recent):

Type/Breed	Age	Male or Female	Neutered/Spayed or Intact	Up to date on shots?	What happened to this animal?

Veterinarian: Name _____ City _____

Do you have a crate? Yes No

Are you willing to obtain a crate/kennel and crate train? Yes No

Have you ever given an animal to a friend, shelter, or pound? Yes No

If yes, please explain the circumstances _____

What would be unacceptable behavior in the dog? _____

I acknowledge that all the information contained on this form is true & correct. I understand any misrepresentation of fact may result in the removal of the adopted dog from my home by Canine Companions Rescue Center ("CCRC"). I am aware that I must notify CCRC if the situation should arise in which I can no longer keep the adopted animal, or if it appears that the animal is lost or stolen.

Primary Adopter

Date

Secondary Adopter

Date

**CANINE COMPANIONS RESCUE CENTER
ADOPTION CONTRACT**

Dog Name _____
Tag # _____
Form of Pmt _____
Amount _____

I am aware of my responsibilities in caring for a dog and the changes it will make in my life.

I understand that CCRC makes no health guarantees for this dog. A CCRC representative will discuss any known medical conditions with the adopter before signing of this contract.

If my adopted animal is not already spayed or neutered, I agree to have my pet spayed or neutered by six months of age. A \$50 deposit will be held by CCRC until proof of spay/neuter is provided in writing to CCRC.

My pet will be properly identified at all times. I will keep the numbered tag, provided by CCRC, on the collar of my adopted dog even after obtaining my own identification. I also will make certain that a county license is on the pet at all times, and I will renew that license yearly as required by law. If my pet becomes lost, I will make every effort to promptly find him/her and will contact a CCRC representative immediately.

If for any reason I can no longer keep my dog, I will contact CCRC. CCRC will decide if they can accept the return of the dog. I will not transfer the ownership of the dog to any other party without first notifying CCRC. I will provide all medical history for the dog at the time of transfer.

If I return this dog within 30 days of adoption, my adoption fee will be refunded.

I understand CCRC cannot predict how any dog will react in a given situation, especially without complete knowledge of the dog's history. Therefore, CCRC cannot guarantee the temperament of any dog it places. I will exercise prudence and caution introducing the dog into a new situation. I will also exercise caution until the dog has had time to fully adjust to its new environment, and I have had time to become familiar with the dog's personality.

I am willing and able to provide proper food, medical care, and a loving, safe, healthy, clean and permanent environment for the dog. I also agree to maintain the dog on a yearly heartworm preventative program and agree to maintain annual vaccinations, i.e. rabies, distemper, etc. (averaging between \$150 and \$250 yearly).

CCRC shall not be responsible for any bodily injuries or property damage caused by this adopted dog or by the actions of the adopter. The adopter hereby specifically assumes sole responsibility for, and agrees to hold CCRC harmless from any and all loss expenses (including legal fees) by reason of liability imposed by law upon CCRC or any of its officers and representatives because of bodily injuries or death to any person or persons including the adopter, or any damages to property arising out of or in consequence of the placement of the dog, howsoever such injuries, death, or damage to property may be caused, whether or not the same may have been caused, or may be alleged to have been caused, by negligence of the aforementioned parties or any of their employees, agents, members, representatives, or any other person.

I have read the above agreement and agree to all conditions stated. Date _____

Sign _____ Print _____
Primary Adopter

Sign _____ Print _____
CCRC Representative