



## ADOPTION APPLICATION

In order to be considered for an adoption today, you must:

1. Be 21 years of age
2. Have the knowledge and consent of all adults living in your household
3. Have a valid ID with current address
4. If renting: Have landlord's name and phone number –or- copy of lease showing you may have pets
5. Understand that the Adoption Committee must approve your application based on the policies set by the board.

Is this application for a Dog \_\_\_\_\_ Cat \_\_\_\_\_ Shelter Name for dog or cat \_\_\_\_\_

### PART I: PERSONAL INFORMATION (PLEASE READ AND COMPLETE ALL QUESTIONS)

YOUR NAME: \_\_\_\_\_

Please print clearly

YOUR ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DO YOU: OWN \_\_\_\_\_ (if you own, skip to part III) RENT \_\_\_\_\_ (if you rent, please complete part II)

### PART II: RENTAL INFORMATION (PLEASE READ AND COMPLETE ALL QUESTIONS)

DOES YOUR LANDLORD ALLOW PETS? YES \_\_\_\_\_ NO \_\_\_\_\_

LANDLORDS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\*\*\*\*please note, C.A.R. will verify with landlord\*\*\*\*

DOES YOUR LANDLORD REQUIRE PET DEPOSIT? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU RENT: HOUSE \_\_\_\_\_ APARTMENT \_\_\_\_\_ CONDO \_\_\_\_\_ TRAILER \_\_\_\_\_ OTHER \_\_\_\_\_

### PART III: INFORMATION ON WHERE YOUR PET WILL BE KEPT

Where will your pet be kept during the day? (Please "X" all that apply)

INDOORS \_\_\_\_\_ OUTDOORS \_\_\_\_\_ PEN \_\_\_\_\_ CRATE \_\_\_\_\_  
BASEMENT \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_

Where will your pet be kept during the night?

INDOORS \_\_\_\_\_ OUTDOORS \_\_\_\_\_ PEN \_\_\_\_\_ CRATE \_\_\_\_\_  
BASEMENT \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_

Do you have a fenced yard? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, What type \_\_\_\_\_

This pet will be without Human companionship for about \_\_\_\_\_ hours/day, \_\_\_\_\_ days/week

**PART IV: HOUSEHOLD INFORMATION**

Living in your household are NUMBER OF ADULTS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_

Ages of Children \_\_\_\_\_

Is anyone in your family allergic to animals? YES \_\_\_\_\_ NO \_\_\_\_\_

How many other pets are currently in your household? CATS \_\_\_\_\_ DOGS \_\_\_\_\_ OTHER \_\_\_\_\_

What type(s) of pet do you own or have owned in the last 10 years?

Name	Type/Breed	Age	Sex	Still Own?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How much do you anticipate spending yearly to feed, vaccinate, license, and provide medical care for your pet? \_\_\_\_\_

Who is (was) your veterinarian for the above named pets? NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Would you be willing to allow a representative from the shelter visit your home before the adoption is completed, and at a later date for a follow up visit? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you aware that a cat or dog can live 15 or more years? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you adopted an animal from Coastal Animal Rescue before? YES \_\_\_\_\_ NO \_\_\_\_\_

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES \_\_\_\_\_ NO \_\_\_\_\_

What will you do with your pets if move in the future? \_\_\_\_\_

I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is the property of Coastal Animal Rescue. I further understand this application goes to the adoption committee for approval and could take 3 to 5 days for a final decision to be made. A representative will notify either by phone or writing the decision of the committee.

Sign Name \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Adoption fees are Non-Refundable, unless there is a valid reason. Simply changing your mind is not a valid reason. So please think long and hard if you want to make this commitment. We will ALWAYS accept the animal back but remember pets are not disposable ... they are a commitment for life.**



**ADOPTION AGREEMENT**

Date of this agreement: \_\_\_\_\_

ANIMAL'S SHELTER NAME: \_\_\_\_\_ IS THIS A CAT \_\_\_\_\_ DOG \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ APPROX. AGE \_\_\_\_\_

I understand this pet's life depends on me as I adopt. An animal may live for 15 years or more. This Adoption is to last the lifetime of this pet.

**THE UNDERSIGNED ADOPTER (NEW OWNER) AGREES TO THE FOLLOWING (INITIAL ALL STATEMENTS)**

- 1 To comply with all applicable laws, including city, county, and state laws. \_\_\_\_\_
- 2 This pet will not be used for any experimental purposes. \_\_\_\_\_
- 3 This animal will be housed indoors only. \_\_\_\_\_
- 4 This animal will receive proper food, fresh water and appropriate medical attention \_\_\_\_\_
- 5 This animal will receive proper socialization and training as needed. \_\_\_\_\_
- 6 Adopter understands that this animal may live 15 years or more and require medical care just like people do. \_\_\_\_\_
- 7 That C.A.R. will be contacted in advance if the pet must be abandoned and will be returned to Coastal Animal Rescue. \_\_\_\_\_
- 8 That this pet comes with NO warranty as to health, temperament, future behavior, breed or appearance and that C.A.R. IS NOT responsible should this pet bite, scratch or harm any animal, person, or property in any way. \_\_\_\_\_
- 9 That C.A.R. has the right to follow up on this adoption to physically check the pet's condition and this contract is authorization to contact and speak you vet(s) and to receive copies of medical records from them. \_\_\_\_\_
- 10 That the pet will see a vet as indicated in the REQUIRED MEDICAL section below at the owners expense. \_\_\_\_\_
- 11 THAT C.A.R. MAY RECLAIM THIS PET ON DEMAND AND WITHOUT REFUND IF ANY OF THE ABOVE CONDITIONS ARE NOT MET. \_\_\_\_\_
- 12 If this animal shows any signs of illness shortly after adoption I understand that I MUST bring the animal to Coastal Veterinary Clinic for treatment. IF I TAKE THE ANIMAL ANYWHERE ELSE FOR TREATMENT, I UNDERSTAND THAT ALL COSTS ARE MY RESPONSIBILITY AND NOT REFUNDABLE BY COASTAL ANIMAL RESCUE. \_\_\_\_\_

**REQUIRED MEDICAL: PLEASE READ AND INITIAL**

Adopter agrees, within 7 days of adoption, to also physically locate the nearest emergency vet facility and to make contact with a local vet so that they are familiar with vet's prices, location, hours and policies. Flea control and heartworm product are due once per month or as recommended by your vet. Adopter understands that flea collars and over-the-counter flea products are of limited benefit and can be toxic to your pet. Kittens adopted unsterilized must be sterilized by six month of age. C.A.R. will verify that this is done in an effort to control unwanted animal births. \_\_\_\_\_ (please initial here)

Adopter Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Address: \_\_\_\_\_ Email \_\_\_\_\_

I affirm by signing below that I will abide by the rules of this adoption listed above; that I am an adult; that I either own my home or have specific permission from my landlord to keep all pets in my possession, including this cat/dog; that I have read, signed, agreed to and received a copy of C.A.R.'s return policy; and that this pet will be kept by me in my home and will not be made as a gift.

**THIS IS A LEGALLY BINDING CONTRACT AND THE THINGS THAT I HAVE AGREED TO CAN AND WILL BE LEGALLY ENFORCED AT MY EXPENSE.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_ C.A.R. Representative: \_\_\_\_\_



# Coastal ANIMAL RESCUE

VETERINARY CLINIC  
**AFFORDABLE PET HEALTHCARE**  
DR. MEISEN MOK, DVM

1288 Limestone Drive  
Murrells Inlet, SC 29576

Tel: (843) 652-4500  
Fax: (866) 963-8484

I, \_\_\_\_\_, understand that I am taking this \_\_\_cat\_\_\_ dog home with me to be adopted before it is old enough to be altered and that I **MUST** keep this animal inside to prevent possible pregnancy and I **MUST** bring this animal back at the scheduled below to have the animal altered. I also understand that failure to do so will lead to the adoption being revoked and the animal will be taken back.

\_\_\_\_\_  
Signature of Adoptee

\_\_\_\_\_  
Phone number of Adoptee

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

\_\_\_\_\_  
Address of Adoptee

\_\_\_\_\_  
Animal's Shelter Name

\_\_\_\_\_  
Signature of C.A.R. Representative

\_\_\_\_\_  
Scheduled Surgery Date

**ADOPTION CENTER USE ONLY**

Reminder call made: \_\_\_\_\_  
Surgery date rescheduled: \_\_\_\_\_

Animal brought in for surgery \_\_\_\_\_  
Alternative surgery date \_\_\_\_\_

Notes: