



Saving Lives
Joining Hearts

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STAFF USE ONLY

Animal Adopted: _____

Approved by: _____

Name change: _____

Notes:

DOG AND PUPPY ADOPTION APPLICATION

Please print clearly

Date: _____

Name of adopter (one name only): _____

Address (no PO Box): _____

City: _____ Zip code: _____ Email: _____

Home phone: _____ Cell phone: _____ Driver's license #: _____

Employer: _____ Work phone: _____

Names of other adults in the household: _____

Have all the adults in the household given consent to adopt a dog? Yes No

Does anyone in the household have allergies? Yes No

Number of children in the household: _____ Ages: _____

Length of time at address? _____ Do you: Own Rent Live with parents

Do you live in a(n): House Condo Apartment Boat

Landlord name and phone #: _____

(We will contact your landlord for approval. Alternatively, you can provide a copy of your lease/renters agreement stating you are allowed to have an animal)

How did you hear about our adoption program? _____

Current veterinarian? _____

MICROCHIP REGISTRATION

All pets adopted through FPTL are micro chipped using 24Petwatch microchips.

24Petwatch requires the following information to register your pet:

Closest relative/friend that does NOT live with you who would know how to contact you in an emergency:

Name: _____

Phone number: _____ Secondary phone # (optional) _____

PET HISTORY

Current Pets							
Pet #	Name	Type/breed	Age	Sex	Altered Yes/No	Lives: Inside, Outside, Both	How long have you been caring for this pet?
1							
2							
3							
4							

Past Pets							
Pet #	Name	Type/breed	Age	Sex	Altered Yes/No	Lives: Inside, Outside, Both	How long did you care for this pet?
1							
2							
3							
4							

Dog experience: First time guardian Had dogs as a child Have had one or two dogs in lifetime
 Knowledgeable and experienced

Have you ever had to surrender a pet to an: Animal shelter Friend Family member Other _____

Please explain: _____

If something unforeseen should happen to you, do you have a plan for your animals? Please explain: _____

Do you have a financial plan for future medical care in case of illness or injury? Please explain: _____

Your Ideal Dog

We want a: Companion Gift Companion for another dog/cat Watch dog

Age: 8-16 weeks 4-12 months 1-3 years 4+ years

Sex: Male Female No preference

Temperament: Mellow Lap dog Playful/energetic Outgoing Independent

My cat should have experience living with: Cats Dogs Children Other _____

Time away from home: Home all day Out part time Away 7-10 hours

During the day our dog will be: Indoors Indoors/outdoors Outdoors Crate

During the night our dog will be: Indoors Indoors/outdoors Outdoors Crate

Home atmosphere: Grand Central Station Some activity Zen-garden serene

Please describe the ideal dog to fit into your lifestyle: _____

Signature: _____ Date: _____

The above information is true and correct. I understand that false information will void this adoption and the animal will be confiscated by Four Paws to Love. False information will also guarantee denial of any future adoptions through Four Paws to Love and this information will be shared with state, county and local rescue agencies.

Four Paws to Love reserves the right to deny any adoption at its own discretion.



Terms and Conditions for Adoption.

Please read carefully.

All animals have been surgically sterilized prior to being placed in adoptive homes. All kittens under 6 months of age have been tested for Feline Leukemia with a negative result on the test. All adult cats that have been rescued from a shelter will have been tested for Feline Leukemia and Feline Immunodeficiency Virus (Feline AIDS) with a negative result on the test. All animals will also have had at least one FVRCP vaccine for cats and one DH2PP vaccine for dogs to prevent deadly diseases.

Four Paws to Love (FPTL) strongly encourages a short quarantine period for newly adopted pets. During this period, your new pet should be housed separately from other pets in the home. This will let the pet adapt to the new environment and allow monitoring for any possible signs of disease that have not been observed during the time the animal has been in FPTL's care.

You must agree to the following:

Please read and place a check in the corresponding box to certify that you have read and understand each point.

- I agree to care for this animal in a humane and responsible manner and to provide it with clean and appropriate shelter, food, water, exercise, companionship and veterinary care.
- I agree that I am adopting the above-described animal solely as a pet for myself and/or my immediate family. I agree that I will not sell, give away or otherwise dispose of said animal to any person(s) or other entity for *any* reason without the prior approval of FPTL.
- If, at a later date, I am unable or unwilling to keep this animal, I agree to contact FPTL and give FPTL the opportunity to take back the pet. (We will **always** accept back any cat or dog previously adopted out through our program.)
- I understand that I can return the pet to FPTL within 30 days of the date of this agreement and FPTL will refund the entire adoption fee paid. I also understand and agree that the adoption fee I paid to FPTL is reasonable and is not refundable after 30 days from the date of this adoption agreement even if I return the animal to FPTL.
- I am aware that the animals available for adoption through FPTL come from a shelter environment and little is known about their past. It is possible that our new pet may have been exposed to diseases that may not show symptoms for several weeks, and that some of these diseases may be transmittable to other pets in your household and even to people. I understand that FPTL takes every precaution to assure the health of its adoptable animals, but can make **NO GUARANTEE** of any kind regarding the health and/or temperament of the animal I have adopted.
- I understand that I, as the adopter, am financially responsible for the animal upon signing this document. I understand that FPTL recommends that I have a veterinarian examine this animal within 15 days of adoption. (FPTL offers a FREE appointment with our veterinarian with each adoption) Additional fees incurred (such as diagnostics, vaccines and/or medications) are the responsibility of the pet owner.
- I give my permission for an agent of FPTL to visit the premises where the adopted animal is living, given reasonable notice. I further give permission for a FPTL agent to remove said animal from my premises if FPTL determines that the animal is not receiving appropriate care or if I have violated this agreement. Such entry onto my property shall not constitute trespass upon the premises occupied.
- I certify that all of the statements made by me on this adoption agreement are true and correct. I agree that FPTL has the right to confiscate the adopted animal in the event that any statements made by me are found to be false and/or my check for the adoption fee is returned for insufficient funds.

I hereby release Four Paws to Love and their agents of any liabilities related to the adoption of this pet from their adoption program.

Date: _____ Signature: _____

Print name: _____