



Adopt Me! **Bluegrass Pet Rescue**

Adoption Application

P.O. Box 202, LaGrange, KY 40031

Fax: 502-222-8948

Adoptmebpr@aol.com

Name of Animal Applying For: _____

Applicant

Name:		Date of Birth:	
Address:			
City: State: Zip:			
Telephone Number(s) – Home:		Cell:	Work:
E-mail Address:		Driver's license number:	State
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student			
Employer:		Employer City:	Employer Phone #:

Co-Applicant

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s) – Home: _____ Cell: _____ Work: _____

E-mail Address: _____ Driver's license number: _____ State _____

Employed Unemployed Retired Student

Employer: _____ Employer City: _____ Employer Phone #: _____

Family Information

How many adults live in your home other than yourself? Please list names and ages:

--

How many children live in your home other than yourself? Please list names and ages:

--

Are ALL members of your household aware of and in agreement with this adoption? If not, please list who is not in favor of the adoption and the nature of their concern or objection:

--

Home Information:

Do you: Own or rent Type of residence: Condo? House? Mobile? Apartment?

How long at current address? If less than 2 years, what was your previous address?

If you rent, does your lease allow pets? Yes No Don't know

Required: Name of landlord: _____ Phone: _____

• Does anyone living in the household have allergies or asthma? _____

• What is your plan if someone in the home is allergic to this adopted animal? _____

References:

Veterinarian: _____ **Phone: #** _____

Veterinarian: _____ **Phone: #** _____

Please provide two references that live outside your home:

Other Reference: _____ Phone #: _____

Other Reference: _____ Phone #: _____

Pet Information:

Please list any and all types of animal(s) you have owned in the past 5 years, beginning with the most current. ** Please note, we require all mammals to be spayed/neutered, unless otherwise specified from a vet or certified show dog.

Pet Name Type of Animal Where Obtained Age Spayed/Neutered (Yes/No)

Pet Name	Type of Animal	Where Obtained	Age	Spayed/Neutered (Yes/No)

* Are **ALL** your current pets spayed or neutered? **Yes** **No** If no, why not? _____

* Do **ALL** your current pets wear identification tags? **Yes** **No** If no, why not? _____

* Are **ALL** your current dogs licensed? **Yes** **No** If no, why not? _____

* Are **ALL** your pet's vaccinations current? **Yes** **No** If no, why not? _____

*If dog(s), do **ALL** use monthly heartworm preventive? **Yes** **No** If no, why not? _____

*If cat(s), have they **ALL** been tested for feline leukemia? **Yes** **No** If no, why not? _____

*When inside, how do you plan to keep your pet? (Check all that apply)

- Free inside house
- Confined to crate
- Inside a closed room

*When outside, how do you plan to keep your pet? (Check all that apply)

- NA, indoors only
- Tie out chain
- Garage Patio area
- Invisible fence
- Fenced yard Outside
- dog run
- Leash and regular walks
- Loose in yard unattended

*What do you think is a reasonable amount of time for a pet to adjust to a new environment? _____

*On average, how many hours per day will your pet be left alone? _____

*When home alone the animal will stay where (In a crate, loose indoors, etc.)? _____

*What is the activity level in your household?

- Very Quiet Active
 Moderately Quiet Very Active

*Under what circumstances would you not be able to keep your new companion animal?

*How do you plan on providing exercise for your pet (leash walk, supervised access in yard, etc.)?

*I would consider relinquishing my companion animal due to what (if any) behavioral problems?

*Where will the companion animal be living?

- Inside Only Outside only Mostly inside Mostly outside

*Will the companion animal be chained? Yes No

*Do you have a fenced yard? Yes No If yes, what type _____ Height? _____

*Have you attended any professional dog training classes in the past? Yes No

*Are you prepared to seek professional help if any behavioral issues arise? Yes No

Responsibility:

Who will be primarily responsible for the care of the pet? _____ Age of person? _____

If your pet(s) were to survive you, what would happen to them? _____

Who would take responsibility for them? _____

Have you ever taken a pet to the pound? Yes No If yes, why? _____

How long will you keep the pet you are planning to adopt? _____

Considerations:

- Filling out an application does not guarantee your approval for the companion animal you are seeking to adopt.
- We make our adoption decisions based on matching the needs of the companion animal with the adopter's ability to match those needs.
- Adopter's must be 21 years of age or older or have written consent by a parent/guardian.
- Applicant must have a valid driver's license.
- **I agree to a dog adoption donation of \$____ or a donation of \$____ for a Luther Lockett Inmate Trained dog, or a cat adoption donation of \$75 to help cover Adopt Me! Bluegrass Pet Rescue's expense of raising, vetting and caring for the animal. The adoption donation is not refundable.**

Adoption Agreement:

(Please initial after each statement if you agree)

- ❖ Pets are an investment of your time and money. I am prepared to provide medical care, grooming, proper diet, proper shelter and exercise for my new companion animal. _____
- ❖ I understand that if arrangements do not work out with my new pet and I am unable or unwilling to keep said pet, I will return it to Adopt Me! Bluegrass Pet Rescue . _____
- ❖ When Adopt Me! Bluegrass Pet Rescue rescues an animal, it is for life. If we find that you have knowingly neglected any of the basic needs of your pet as defined by Ohio/Kentucky/Indiana Law, Adopt Me! Bluegrass Pet Rescue has the right to reclaim the animal to our care. _____
- ❖ I agree that the companion animal is to be kept as a house pet. It shall not be sold for medical or experimental purposes and shall not be used in breeding. It shall not be given away or otherwise disposed of to any person, dealer, retailer or institute for any reason. _____
- ❖ I agree to have said companion animal visit a veterinarian within five business days of this adoption. _____
- ❖ I agree to a possible home visit 30 days after adoption. _____
- ❖ I agree that Adopt Me! Bluegrass Pet Rescue has not made any warranty of the companion animal's health, temperament or behavior, and I assume all risks and responsibilities associated with ownership. _____
- ❖ I agree to care for said companion animal in a humane and responsible manner. I agree to provide it with appropriate shelter, food, water and veterinary care and the animal will reside inside my home. _____
- ❖ I fully and completely release and indemnify the Society and its officers, directors, volunteers, agents and employees from any claim or liability, known or unknown, arising or connected with the adoption, ownership, maintenance, temperament, conduct or condition of the animal.
- ❖ I agree to comply fully with all state laws and county ordinances governing the ownership of the animal.
- ❖ I certify that I am 21 years of age or older. _____
- ❖ I have read the above information carefully and have filled out this application honestly and to the best of my ability. I understand that omission of information and/or failure to answer all questions can result in the application being declined. Also, if an omission or untruth is discovered after the adoption takes place, I understand and accept that Adopt Me! Bluegrass Pet Rescue has the right to annul the adoption and reclaim the companion animal. _____

Applicant Signature

Date

Co-Applicant Signature

Date

I confirm that to the best of my knowledge, all information furnished in this application is true and correct. I hereby give permission to my veterinarian, personal references, landlord and employer to confirm and disclose information to Adopt Me! Bluegrass Pet Rescue for the purpose of processing my application for the following described companion animal.

Applicant Signature

Date

Co-Applicant Signature

Date