

APPROVED

**COMMUNITY PET CENTER  
Adoption Questionnaire**

DENIED

**PLEASE READ CAREFULLY!**

**WE RESERVE THE RIGHT OF DENIAL ON ANY APPLICATION  
NO MEDICAL REIMBURSEMENTS**

Falsifying information on this application will result in adoption denial.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you age 18yrs or over? Yes \_\_\_\_ No \_\_\_\_

Do you rent your residence? Yes \_\_\_\_ No \_\_\_\_ if yes please provide your Landlord's

Name \_\_\_\_\_ Phone \_\_\_\_\_

How does your family/spouse feel about adopting a pet? \_\_\_\_\_

Have you ever taken an animal to a County Animal Shelter or Animal Control facility?

Yes \_\_\_\_ No \_\_\_\_ If so Why? \_\_\_\_\_

How many pets do you currently have? Dogs \_\_\_\_ Cats \_\_\_\_ Other \_\_\_\_\_

Are these animals spayed or neutered? Yes \_\_\_\_ No \_\_\_\_ How many? \_\_\_\_\_

Are these animals current on vaccines? Rabies \_\_\_\_ Other \_\_\_\_\_

Do you have a veterinarian? Yes \_\_\_\_ No \_\_\_\_

Name & Address of veterinarian \_\_\_\_\_

Why do you want a pet? (circle all that apply) Companion – Mouser - Watch - Guard - Child's pet –  
Gift - Work - Pet Therapy – Competitor - Other explain \_\_\_\_\_

How do you plan to confine the animal? (circle all that apply) Indoors, Outside, Carrier, Fenced Yard,  
Kennel, Run Free, Other \_\_\_\_\_

How much time will you be able to spend with a pet? Hours/day \_\_\_\_\_

What will you do if you can not stop the pet from urinating on the carpet, cat jumping up on the  
furniture, clawing furniture or eating furniture, etc. Explain \_\_\_\_\_

Do you understand Veterinary care will be required at your expense for the animal you are adopting?

Yes \_\_\_\_ No \_\_\_\_

**COMMUNITY PET CENTER  
Adoption Contract**

Date \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Pet Name \_\_\_\_\_ AGE \_\_\_\_\_ Species \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_ S/N: Yes \_\_\_\_ No \_\_\_\_ Adoption Fee: \$ \_\_\_\_\_

This Adoption Agreement is between the Adoption Agency, Community Pet Center and the undersigned Adopter. By signing below the Adopter acknowledges receipt from Community Pet Center of the above described pet.

ALL ADOPTED PETS MUST BE ALTERED BEFORE RELEASE.

If this animal has not already been altered it will be taken to the selected or assigned veterinarian for spay/neuter surgery and rabies vaccination by RCAC or CPC volunteers and released from the veterinarian clinic to the Adopter upon completion of services. The adoption fee covers: Initial Exam, One Rabies Vaccine, One D.H.P.C. or F.V.R.C.P. Vaccine, One Spay/Neuter Surgery.

ADOPTION FEES ARE NONREFUNDABLE

Adopter agrees to keep the animal as a pet only, providing humane care-giving, proper food, water, shelter, exercise, and any conditions to deem Adopter a responsible pet owner including proper veterinary care in case of illness or injury and to maintain vaccinations.

Adopter shall not sell or give this animal to anyone else including medical research, experimentation, vivisection, educational purposes or will not be used for fighting, baiting, or other purposes which jeopardizes the welfare of the animal. Adopter shall keep the animal in compliance with state and municipal laws including wearing a collar with current rabies tag. If this animal is lost or stolen, Adopter shall notify RCAC or CPC within 3 days.

The Adopter recognizes that every effort has been made to provide an animal that is compatible with the Adopter's home environment. Even so, this Agency does not guarantee his/her temperament or behavior and will not to be held liable for any acts of the animal while living with the Adopter's family. Adopter hereby accepts possession of, (subject to the conditions of this Adoption contract) and responsibility for the animal described above, and hereby releases and discharges the Adoption Agency from present and future liability for any injury or damages to any person or property caused in the future by said animal, and from any causes of action, claim suits, or demarcation whatsoever that may arise as a result of such injury or damage.

Should this animal be placed in the custody of a Foster Home, a Veterinary Clinic, or a Breed Rescue Service to be later adopted by approved owners, Adoption Agency will be given the name, address, and the phone number of the adoptive home.

A Health Record is attached outlining all health care that has been provided by the Adoption Agency.

SHOULD REPORTS OF NEGLECT OR ABUSE OF THIS ADOPTED ANIMAL BE GIVEN TO THE ADOPTION AGENCY, THE ADOPTION AGENCY HAS THE RIGHT TO INVESTIGATE AS DEEMED APPROPRIATE. IF ACTS OF ANIMAL CRUELTY ARE VERIFIED, THE ADOPTION AGENCY WILL PROCEED WITH PRESSING CHARGES OF ANIMAL CRUELTY AND EFFORTS WILL BE MADE TO OBTAIN CUSTODY OF THIS ANIMAL THROUGH THE COURT SYSTEM.

I have read all proceeding paragraphs and hereby agree to the terms and conditions of this adoption contract.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_

\_\_\_\_\_  
Signature of CPC Adoption Coordinator Date \_\_\_\_\_

***Thank You for Adopting a Pet!!!***