



Adoption Form

Animals' Name: _____

ADOPTION FEE: \$250.00 (includes vaccinations and spay or neuter). Mail or fax this form to Lee Caswell at Nick of Time Rescue. Fax: 484-952-5481 . Address: 5242 Parham Road, Grovetown, GA 30813.

This application must be completed by anyone interested in adopting a pet from Nick of Time Rescue. We at Nick of Time Rescue try to place our animals in to permanent , responsible homes while matching the pet to you and your lifestyle. We reserve the right to refuse an adoption based on poor or incomplete veterinary history.

NOTE: Providing false information on this form will result in the forfeiture of adoption fees and any animals adopted.

Name: _____ Date: _____

Address _____ City _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

1. How long have you lived at the above address? _____

2. What type of pet are you looking for? Dog: _____ Cat _____ Puppy _____ Kitten _____ Other _____

3. Please indicate your reasons for adopting this pet (check all that apply):

Family Pet _____ Child's Pet _____ Watch dog _____ Companion _____ Hunting Dog _____

Barn cat/mouser _____ Companion for existing pet _____ Guard dog for business _____ Other _____

4. Are you or your spouse currently employed? _____

5. Are you 18 years of age or older? _____ If no, are you living with parents or relatives ? _____

6. Do you own your own home? _____ Do you rent? _____ If renting, does your lease allow pets? _____ If yes, what is the name of your apartment complex and your landlord:

Lanlord: _____ Apartment Complex: _____

7. Do you live in a: House? _____ Apartment: _____ Condo: _____ Mobile Home: _____ Duplex: _____ Townhouse: _____

8. Please list the number of adults living in your household: _____

9. List the number of children and their ages living in your household: _____

10. Do the members of your household know that you are planning to adopt a pet? _____

11. Does any member of your household have allergies? _____

12. Will an adult of the household be home during the day? _____

13. Who will be responsible for taking care of your pet? _____

14. If adopting a dog or puppy, answer questions 14a & 14b. If adopting a cat or kitten, skip to question 15 & 15a.

14a. What procedures will you use for housebreaking your dog or puppy?

14b. How will you handle chewing or destructive behavior from your dog or puppy?

15. If adopting a cat or kitten, what procedure will you use to litter box train?

15a. How will you handle scratching or destructive behavior from your cat or kitten?

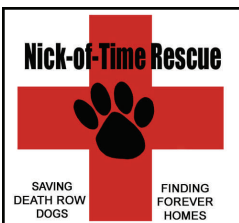
16. How many cats/dogs have you owned in the past five years? Dogs _____ Cats _____

- 17. Have you ever turned an animal in to your local Animal Control? Yes _____ No _____
If yes, what were the circumstances? _____
- 18. Have you ever had to give up one of your own pets? Yes _____ No _____
If yes, under what circumstances _____
- 19. Has a dog died on your premises of distemper, parvo or unknown causes in the last three months? _____
- 20. Has a cat died on your premises of distemper, leukemia or unknown causes in the last three months? _____
- 21. Do you currently own a pet? Yes _____ No _____ What type/kind (i.e. dog, cat, other)? _____
Please list the animal's names, age, sex and breed: _____
- 22. Do your pets live indoors or outdoors? _____
- 23. Are their vaccinations up-to-date? Yes _____ No _____
- 24. Are your pets spayed and/or neutered? Yes _____ No _____
- 25. Are your dogs on a heartworm preventative? Yes _____ No _____ If yes, how often? _____
- 26. What is the name of your veterinary clinic _____
- 27. Are you willing to go to the expense and trouble of taking your new pet to a veterinarian for a full health check and preventative AT LEAST once a year? Yes _____ No _____
- 28. Where will your new pet live? Indoors _____ Outdoors _____
- 29. Where will your new pet sleep? _____
- 30. Is there a yard available? Yes _____ No _____
If yes, is the yard completely fenced? Yes _____ No _____
How tall is the fence (in feet) ? _____ What type of fencing encloses your yard? _____
Is there a dog house? Yes _____ No _____
- 31. What do you plan to do with your pet when you go on vacation? _____
- 32. If you move, what do you plan to do with the animal? _____
- 33. Would you object to an authorized representative of **Nick of Time Rescue** inspecting the animal on your premises where the animal is being kept? Yes _____ No _____

By signing below I authorize Nick of Time Rescue to contact the veterinary office named above to confirm the medical records and history of my pets. I agree that if for any reason whatsoever I am unable to keep the pet I am adopting from Nick of Time Rescue, I will return said pet solely to Nick of Time Rescue and will not attempt to sell the pet, give the pet away or seek placement with an Animal Control agency. I also understand that I will not receive a refund or any portion of a refund of adoption fees paid for a pet returned to Nick of Time Rescue:

Signature _____

Date _____



Information checked by _____

Approved _____ Refused _____

Specific reason for refusal: _____