

Adoption Application & Agreement

When you adopt, you save two lives; the animal you adopt and the animal that gets that kennel.

Thank you for adopting!



Animal Care & Protective Services
NEVER STRAY FROM HOPE.

Adopter Contact Information

Required for City Licensing & Rabies Certificate – Must Be Current/Verified

PLEASE PRINT LEGIBLY

Name: _____

Street Address: _____

City, State, Zip: _____

Primary Phone: _____

Alternate Phone: _____

Work Phone: _____

Email Address: _____

FOR ACPS USE ONLY:	
A:	_____
P:	_____
Staff Initials:	_____

IMPORTANT: Medical records and rabies certificate will be sent by email.

Housing Information – Check All That Apply

OWN

RENT Does your rental agreement allow the type of pet you are adopting? Yes No

Who lives in your home?

_____ Adults _____ Kids _____ Dogs _____ Cats _____ Exotic Pets _____ Farm Animals

Additional Information

Please check if you would like more information on any of the topics to help you be a great pet owner.

- | | |
|---|--|
| <input type="checkbox"/> Obedience Training | <input type="checkbox"/> Correcting Problem Behaviors |
| <input type="checkbox"/> House/Crate Training | <input type="checkbox"/> Flea & Heartworm Prevention |
| <input type="checkbox"/> Introducing Pets to Other People/Animals | <input type="checkbox"/> Animal Laws <input type="checkbox"/> Other: |

What behavior would cause you to surrender your pet?

How did you hear about us?

- | | | | |
|---------------------------------|-------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> Flier | <input type="checkbox"/> Television | <input type="checkbox"/> Social Media | Platform: |
| <input type="checkbox"/> Coupon | <input type="checkbox"/> Radio | <input type="checkbox"/> Other | <input type="checkbox"/> N/A |

Terms of Adoption

INITIAL I will provide food, water, and shelter for my pet at all times.

INITIAL I will ensure that my pet will see a veterinarian within 14 business days of adopting.

INITIAL I understand that once I adopt this animal **AS IS**, I am responsible for all future medical treatment for my animal, and that ACPS is not able or obligated to provide medical treatment.

INITIAL I agree to allow ACPS to share my information with Purina for promotional purposes. - **P**

INITIAL I agree to allow ACPS to register my microchip with the Found Animals Registry. - **F**

INITIAL **All vital information in regards to pre-existing medical and/or behavior has been disclosed.**

INITIAL **I understand that I have a 30 day adoption guarantee but once outside of the 30 day window an appointment may be required, along with an intake fee.**

SIGNATURE: _____

DATE: _____