

*Adoption application*

*\*\* PLEASE BE ADVISED, THIS APPLICATION IS NOT COMPATIBLE WITH IPHONE. IF YOU ARE HAVING TROUBLE FILLING IT OUT, PLEASE COPY PASTE IT INTO AN EMAIL AND SEND IT TO US. IF YOU CANNOT DO THAT, PLEASE PRINT IT, FILL IT OUT AND SEND US PHOTOS OF THE APPLICATION TO MERCYSAKES2NDCHANCEDOGS@GMAIL.COM\*\**

Please tell us about yourself *\*This info will be used for pets microchip\**

|  |  |
| --- | --- |
| First name: Click here to enter text. | **Emergency Contact:** |
| Last name: Click here to enter text. | First Name:Click here to enter text. |
| Street address Click here to enter text. | Last Name:Click here to enter text. |
| City, state, zip: Click here to enter text. | Street address: Click here to enter text. |
| Work phone: Click here to enter text. | City, state, zip:Click here to enter text. |
| Cell phone: Click here to enter text. | Cell Phone: Click here to enter text. |
| Email address: Click here to enter text. | Email address:Click here to enter text. |

Your Driver’s license number/state? Click here to enter text.

What is the name of the dog/cat you are applying for?Click here to enter text.

What caught your attention about this specific pet?: Click here to enter text.

Are your existing pets spayed/neutered AND current on all vaccinations and preventions?

Click here to enter text.

Have you ever relinquished a pet to a shelter or a rescue? (Please explain)Click here to enter text.

Will you be personally training this pet (potty training/kennel training/obedience training)? Click here to enter text.

What brand of dog food will you feed?Click here to enter text.

Where will this pet be kept during the day and at also at night?Click here to enter text.

Do you understand the importance of keeping identification on all pets at all times?Click here to enter text.

Who will care for your pet in the event of vacation, or emergency?Click here to enter text.

Is anyone in the house allergic to pets? Click here to enter text.

Do all members of the household agree and want to adopt this pet?Click here to enter text.

Number of adults in household: Click here to enter text.

Number of children in household and their ages: Click here to enter text.

Number of existing pets in household: Click here to enter text.

BREED/AGE: Click here to enter text. BREED/AGE: Click here to enter text.

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Have any current or past pets had any of the following diseases?

Parvo Distemper FIV Feline Leukemia

Do you have a fenced yard; if yes, what kind and how tall? Click here to enter text.

How much time are you prepared to allow for your new pet to adjust to your home?Click here to enter text.

Are you able to afford a bill of $200-$500 for emergency vet care?Click here to enter text.

Do you or members of your household have any breed, age, size, weight, or behavioral restrictions while searching for your new companion? Click here to enter text.

If the pet you’re applying for is heartworm positive, on allergy or any other medications, or on a special diet; would this be a deal breaker for you? Click here to enter text.

**Although, pet behavior is evaluated before adoption, we do not make any guarantees on a pet’s behavior. Often, dogs will be returned for the following reasons: anxiety, chewing or destructiveness, digging, barking, shedding, house training, or jumping.**

**Is there ANY reason that would cause you to return this pet?** Click here to enter text.

**Are you willing to work with the rescue or a trainer should behavioral issues arise after adoption *before* considering returning your pet?** Click here to enter text.

**May we contact you in a few months to see how things are going with your new pet after your adoption?** Click here to enter text.

**VERIFICATION INFORMATION:**

Do you own or rent your home? Click here to enter text.

If renting: what is the pet policy at your home? Size, breed, Qty restrictions? Pet deposit?

Click here to enter text.

Landlord’s name and phone number if renting:

NAME: Click here to enter text. PHONE: Click here to enter text.

Veterinarian clinic Name (TO REQUEST PROOF OF SPAY/NEUTER-VACCINATIONS)

Are you pets medical records under your name or someone else’s? Click here to enter text.

Vets Name: Click here to enter text. Clinic contact number:Click here to enter text.

**\*\*\*\*PLEASE REMEMBER\*\*\*\* Adding a pet to your home is a lifetime commitment and should not be done on a whim. Please reflect on your past, current, and future financial position before submitting. Please consider the amount of time that you have to dedicate to this pet, and ask yourself if there are any reasons that this adoption would not end in a forever home. These dogs are rescues, they will not be perfect. We will remain transparent on everything we know of the dog previous to adopting, but in a new environment, dogs can be unpredictable or face new challenges they may have not been exposed to before adoption. If you are not 100% committed and willing to take on the work, love, and loyalty, please reconsider applying.**

**By signing below, you are agreeing that your family is ready for a lifetime commitment of the animal being adopted you. You agree that the information provided above is true. Any false information may result in my losing the privilege to adopt a pet. You understand that a foster has the right to deny your Request to adopt an animal and that this application must be completed and approved by the board before an animal adoption may be considered.**

**You agree to provide adequate food, water, and shelter as well as safe housing and provide humane treatment of this animal at all times. This includes not chaining or tethering.**

**You agree to provide medication and veterinary care when needed.**

**You understand that any breach of the conditions of this contract will result in immediate future banning of adoption through our organization.**

**You agree to never sell, adopt, abandon or relocate this pet without contacting Mercy Sakes and allowing 48 hours for the pet to be accepted back into the program.**

**You agree to release, discharge, indemnify and hold harmless Mercy Sakes, including its directors, and employees for any personal injuries or damages to property or pets cause by your new pet.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application processing can take 3-5 days. You will be contacted regardless of the boards final decision as we strive to make the best decision possible for each animal and family.**