



ADOPTION / FOSTER APPLICATION

Adoption fees cover the cost of the following:

Spay/Neuter	Flea/Heartworm Prevention
De-worming	Rabies & DHPP Vaccinations
Microchip	Heartworm Test

Adoption fees are as follows:

Dogs (1 year and under) \$225
Dogs (Adults over 1 year) \$225
Cats & Kittens \$125

ADOPT FOSTER FOSTER TO ADOPT

NAME OF ANIMAL

BREED/MIX/COLOR:

AGE MALE FEMALE

DATE

BLUETAILLS is a rescue organization for homeless dogs and puppies. It is our goal to place these animals in permanent, loving homes where every member of the household is committed to their lifelong care. If you are willing to take on such a responsibility, please complete the application below. Your application will be reviewed and if qualified, we will proceed with the adoption.

ADOPTION REQUIREMENTS

Please acknowledge and agree to the following statements before completing application.

- ___ You must be 21 or have the consent of your legal guardian. Proof will be required.
- ___ All adoptions are required to perform a HOME CHECK within 7 days. Random visits may be made anytime within the first 60 days of adoption.
- ___ If applicable, all current/past pets must be current on vaccinations (Rabies, DHLPP) and heartworm prevention, and show a consistent history of such. We will perform a VET CHECK within 7 days to confirm medical history. Have your current/past pets been current on vaccinations & HW prevention consistently?
- ___ A 7-day TRIAL PERIOD is mandatory before finalization of adoption. This trial period is to ensure all parties (adopter, adoptee, pet) are satisfied with the adoption. In the event that all above requirements have been met, but pet is not suitable, we will take pet back and attempt to place a more suitable pet with the adopter. Alternatively, if after the trial period ends, and all parties are satisfied with adoption, a copy of the executed contract and copy of medical records will be provided to adopter.
- ___ You must provide the name and phone number of your veterinarian and make a visit within the first 14 days of adoption. If you currently do not have a veterinarian, you will need to establish one within this time frame.
- ___ A MEDICAL EXAM is to be performed by a licensed veterinarian and heartworm prevention provided & maintained according to current heartworm schedule within 14 days.
- ___ Any FALSE information provided on application or during interview will constitute IMMEDIATE REPOSSESSION of dog. I attest all information provided is true and accurate and if it is determined that false information was provided, dog will be immediately repossessed and fee is nonrefundable.
- ___ You must pay the standard adoption fee once the application is approved. All adoption fees are NON-REFUNDABLE.

First Name	Last Name
Age	E-mail
Phone– Home	Phone– Cellular
Employer/Occupation(s)	Driver’s License #
Co Applicant Name	Last Name
Age	E-mail
Phone– Home	Phone– Cellular
Employer/Occupation(s)	Driver’s License #
Street address	
City	State/province
Postal/zip code	Country

I live in a:	House	Condo	Duplex	Apartment	Other
Do you:	Own	Rent	Live with Parents	Other	
Household Setting	Rural	Suburban	Urban	How long at this address?	
Do you plan to move?	Yes	No	If you were to move in the future to a place that does NOT accept dogs, what would happen to the dog?		

If you do not own your home, please include landlord contact information.

Name/Complex	
Phone	E-mail
Street address	
City	State/province
If you do not own your home, is a pet deposit required?	Has deposit been paid?
If you do not own your home, what are the breed and weight restrictions, if any?	

Do you have a fenced in yard?	Yes	No	Partial
If fenced, please give details on height, material, # of gates locked or lockable.			

Describe your home activity level	Busy/Noisy	Moderate Comings/Goings	Quiet with Occasional Guests
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Please list all people living in the household

Name	Age	Relationship
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Does anyone in your household have allergies to animals? Yes No

Are all members of the household agreeable to adopting and CARING for a dog? Yes No

How many dogs/cats have you had in your life?	If you have any current pets, are they good with other dogs?	We cannot guarantee a dog to be housebroken, are you equipped to train with love and patience?
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Please list any pets you have living or deceased (please include name, breed, age, altered, sex, up to date vaccines, heartworm, living/deceased).

Name	Breed	Spay Neuter	Age	Sex	Vaccines Heartworm	Living Deceased

How would you potty train your dog?

Are you willing to use a crate for a dog if recommended?

How many hours in a day would the animal be left alone? *

What role will this dog play in your life?

Who will be responsible for feeding/grooming/vet visits.etc?

Where will the dog PRIMARILY live?

Inside outside

What are your plans to exercise your pet? Please list any parks or trails near by, how many walks a day, approximate length, and activities such as agility.

What behavior problems would you not be able to live with?

How would you handle a dog with these behaviors?

Dogs require monthly medication for fleas, ticks and heartworm prevention, as well as annual vaccinations, dentals and grooming. What is your monthly budget for this care?

What kind of heartworm prevention have you used and where did you purchase it?

What do you know about heartworms?

Have you ever taken an animal to the shelter?

Yes

No

Why?

Vet Reference: Full Name

Phone Number – Home

E-mail

Street address

City

State/province

Postal/zip code

Country

Please list 3 personal references with names, addresses, phone numbers, and how related. We prefer it not to be all relatives

First Name

Last Name

Phone Number – Home

E-mail

Street address

City

State/province

Postal/zip code

Relation to applicant(s):

First Name

Last Name

Phone Number – Home

E-mail

Street address

City

State/province

Postal/zip code

Relation to applicant(s):

First Name

Last Name

Phone Number – Home

E-mail

Street address

City

State/province

Postal/zip code

Relation to applicant(s):

FOSTER ONLY

Do you have previous foster experience?

With what shelter or rescue did you foster for?

How long are you able to foster?

- 1-4 weeks (Ex. Temp hold for transport)
- 1-3 months (Ex. Standard or HW Treatment)
- 3-6 months (Ex. Long term, rehabilitation) Until forever home is found
- Until forever home is found

Do you have a preference in sex of foster?

Male

Female

No Preference

Are you willing to foster a dog of any age?

If not, what age would you consider?

What size dog are you willing to foster? (Check all that apply) Small Medium Large

Please describe the type of dog you are willing to foster (Please include breed, coat length, personality traits, energy level, hypoallergenic)

Are you willing to take your foster dog to vet appointments at a convenient time for you?

Do you drive or have access to a vehicle to bring your foster to events and appointments?

Are you willing and able to medicate your foster, even if it just a monthly heartworm Preventative?

Have you had any experience with an emotionally or physically neglected or abused dog?

YES

NO

If Yes please explain

FOSTER TO ADOPT ONLY

If you have entered into a foster to adopt agreement, this contract will be considered a fully accepted contract after 3 days. If, during the 3 day trial the dog is not right for your family, BLUETAILS agrees to take the dog back. A credit card # is to be provided at time of this agreement and will be charged after the 3 day period if no contact has been made or arrangements to return the dog. The fee will then be deemed non-refundable

Name on CC

CC Number

Exp date

Verification Code

DONATION AMOUNT

- ┆ \$ 5.00
- ┆ \$10.00
- ┆ \$20.00
- ┆ \$ _____

Additional support allows us to provide foster homes, food, and medical care to animals in need, as well as helping other homeless animals find their forever homes. Would you like to make an additional tax-deductible donation?

Mission Statement

BLUETAILS is committed to promoting the welfare of animals through rescue, medical treatment and public education. Our purpose is to help prevent over population, euthanization, and cruelty to animals.

I acknowledge that I have completely read this questionnaire and comprehend it fully.

I understand that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application can result in the forfeiture of any animal fostered/adopted by me.

I certify that the above information is correct, and I understand that the information will be verified.

I understand the by submitting this form, I agree to release and covenant to hold harmless BLUETAILS and it's members from any claims, damages, costs, or actions incurred because of the care or actions of the adopted/fostered dog.

I accept full responsibility for the dog(s) actions at all times, and release BLUETAILS from any liabilities or damages that may be incurred because of fostering/adopting such dog(s).

I agree to have BLUETAILS complete reference call checks and conduct a home visit inspection to be able to approve my application.

I certify that the information provided on this application is complete and correct to the best of my knowledge and I understand that providing false information may void this application and result in forfeiture of the adopted or foster animal. I hereby authorize BLUETAILS to contact my veterinarian, legal guardian, landlord, or other party listed above for further information.

By entering his/her signature below, ADOPTER/FOSTER hereby agrees to the following terms and conditions:

Adopter acknowledges that BLUETAILS is providing an animal for adoption on an "AS IS" basis. BLUETAILS makes no representation as to the temperament or medical condition of the dog being adopted. All medical records received by BLUETAILS are provided to adopter.

Adopter shall have the animal checked by a licensed veterinarian within 14 days of adoption. Any medical issues which may be present shall be brought to the attention of BLUETAILS who may, at its own discretion, assist in the treatment process. Upon request, Adopter will provide BLUETAILS with proof of the required veterinary visit.

Adopter shall allow a representative of BLUETAILS to visit the dog on a random basis during the first year of adoption and to notify BLUETAILS of any change of address during this time period.

the adopter choose to have the remaining shots at another veterinary clinic other than the one noted on the voucher, payment responsibility is that of the adopter. Adopter must submit proof to BLUETAILS that this service was performed within the proper timeline. By initializing I understand what services are included in the adoption fee and that any other service or medication is my responsibility. (initial if applicable)

If BLUETAILS is unable to perform a reference check prior to preliminary approval of this application and the animal leaves BLUETAILS foster, BLUETAILS reserves the right to reclaim the animal pending any detrimental information received regarding the welfare of this animal or we feel the placement is incorrect. (initial if applicable)

I, the undersigned Adopter, having read and acknowledged the terms of this Agreement, understand I will receive a copy of this Agreement and all medical records available for the animal I have chosen to adopt. Effective upon date of Contract, I, Adopter, assumes complete liability for the animal and agree to hold BLUETAILS harmless for any financial, medical or legal liability for the animal. I agree to abide by all conditions listed within this Agreement and to maintain contact with BLUETAILS during the first year of adoption to help ensure a smooth transition of this dog to my family.

Signature of Adopter	Date
BLUETAILS representative	Date
Witness	Date

Verify address matches on APPLICATION, DRIVER'S LICENSE, AND
GOOGLE

Verify working phone number

Owns home

Employed/Hours

Children

Dogs

Fence

Vet Contact

Reference Contact

Prepared for dog (food, crate, leash, collar, bowls)

Copy of Driver's License

Background Check

ALL FEES ARE NON-REFUNDABLE