



*New Beginnings Animal Sancturary*

*Adoption Application*

*Adopter Information*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dog(s) you wish to adopt: \_\_\_\_\_

*In order to provide a good home for our pets we request that you fillout the following information.*

Are you 18 years of age? \_\_\_\_\_

Are you allowed to have pets are your residence? \_\_\_\_\_

*(If you are in a rental property, please provide written permission to have pets.)*

Is anyone in your household allergic to any type of animals? \_\_\_\_\_

Number of children in household? \_\_\_\_\_ Have they had pets before? \_\_\_\_\_

Are there other pets in the household? \_\_\_\_\_ How many? \_\_\_\_\_

Do you use this facility for your Vet care? \_\_\_\_\_ Would you like to? \_\_\_\_\_

Date of Adoption: \_\_\_\_\_

Client signature: \_\_\_\_\_

Employee: \_\_\_\_\_

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### *Medical Responsibility:*

I understand once an animal has been adopted, NBAS no longer accepts medical responsibility. NBAS has taken all precautions to ensure the animal is in good health. However, should the pet fall ill or require vaccinations, I will be responsible for all treatment.

*Initial* \_\_\_\_\_

### *Return Policy:*

If there are any problems the animal can be returned within 5 days for a full refund. After the initial 5 days it is up to Dr. Jennys discretion for any returns.

*Initial:* \_\_\_\_\_

### *Return Policy Exceptions:*

Return policy is considered **VOID** and the adoption fee will **NOT** be returned in cases of "landlord objections."

*Initial:* \_\_\_\_\_

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

**Employee Signature;** \_\_\_\_\_ **Date:** \_\_\_\_\_