

PO BOX 3370 , SHALLOTTE N.C. 28459 OFFICE 910-579-0407

PLEASE PRINT CLEARLY

racerescue@atmc.net

ADOPTION APPLICATION ADOPTION FEE IS \$200 UNLESS OTHERWISE NOTED

Date						
Name of animal you wish to adopt	Breed			Gender_		
How did you hear about this animal? I Other If other, please explain	Petfinder_	_ Facebook_				
Name						
Address						
CityS	State	Zi	р	_		
Home Phone						
Cell Phone						
Work Phone						
Email						
Occupation						
Driver's License #						
Rent Own apartment	_ condo	_ single fami	ily			
If rental, please provide landlords nam	ne and pho	ne number o	or written]	proof of pet a	greement.	
Name of Current Employer			Pho	ne #		
Other adults living in the home?						
Any children living in the home? Age	s?					

Has anyone in the home been convicted of animal cruelty? Yes No						
Do you have a fenced in yard? Yes No						
Where will the dog be kept when you are not at home?						
Where will the dog sleep at night?						
Have you owned a pet in the past 5 years? Yes No If so, please describe: What are the names of the pets you have?						
If you own other pets, are they up to date on all their vaccinations? Yes No						
Name of your current VeterinarianPhone						
If you own any other pets, are they spayed or neutered? Yes No						
Approximately how long will your pet be left alone every day?						
Please list nearest relative not living with you, their address and phone number.						
PLEASE INITIAL AGREEMENT BELOW THIS LINE						
I understand that I am fully responsible for the protection, care and medical treatment needed for this pet, including food, water, shelter, vaccinations, heartworm and flea prevention I am aware of the financial requirements of owning a pet and I am financially able to comply						
with those standards I understand that this dog will not live outside as a "yard" or "guard" dog						
I understand and agree that at No Time will the dog be chained or tied in any yard						
I agree to obey all the applicable laws governing control and custody of animals I agree to place identification on the pet listing my name and phone number						
I agree to permit follow up home visits to my residence						
I understand that R.A.C.E. has the right to take legal action to protect adopted animals						
I understand that R.A.C.E cannot guarantee the health, temperament or behavior of the pet						
and hereby release adoption agency from any claim or liability for injury or damage to						
persons or property once the animal is in my possession If at any time I am no longer able to care for this animal, I will return he/she back to the						
custody of R.A.C.E						
As a courtesy, R.A.C.E. has provided me with all obtained information about this pet. I						
understand that they cannot guarantee the accuracy of the information and I have based my						
adoption decision on my own evaluation of the pet's character and condition						
I understand that R.A.C.E will cover the cost for pre-existing medical conditions <u>only</u> if I						
notify R.A.C.E <u>first</u> to arrange any necessary treatment I understand that the adoption fee is a donation and is non refundable						
Signature: Date:						
R.A.C.E. AgentDate:						