

PALOMINO VALLEY PET RESCUE, INC.

1285 Baring Blvd #276, Sparks NV 89434

(775)358-5527

Adoption contracts: Dogs

Name: Last _____ First _____

Address: _____ City _____

State _____ Zip _____ E-Mail _____

Phone(day) _____ Phone(eve) _____
(cell) _____

1. Are you a current or previous dog owner? **Yes No** (circle one)
 - a. If current dog owner number of dogs currently at your household. _____
 - b. If previous dog owner, how long has it been since you owned a dog?
(circle one) 0-2 years 2-5 years 6-10 years or longer.
 2. Will your dog stay outdoors or indoors? _____
 3. If outdoor dog you will provide proper shelter for him/her. _____ initial
 4. Approximately how many hours a day will he/she stay outdoors?
(circle one) 2-4 hours 4-8 hours 8-10 hours 12 hours or more.
 5. When you are not home, where will you dog be kept? **(circle one)**
in a crate(inside house) , garage, in the fenced yard, in one room of the house,
other _____.
 6. Where will your dog sleep at night? _____ we prefer indoors.
 7. Approximately how many hours a day will your dog be alone? **(circle one)**
2-4 hours 4-8 hours 8-10 hours 12 hours or more.
 8. We only adopt companion animals, our dogs are not adopted to use as guard
or hunting dogs. _____ **initial**
 9. I will exercise (walk) and socialize my dog/puppy DAILY. **Initl.** _____
 10. Who will be primarily responsible for the dogs care? _____
 11. How will you handle any behavior problems that may arise? (destructive,
Separation anxiety, fearful behavior) _____
 12. Are you planning on taking you dog to obedience training? **Yes No**
We do highly recommend . We can recommend some trainers.
- (1) name/ID# _____

Palomino Valley Pet Rescue dog adoption

13. Do you have a fenced yard? **Yes No**. How high is the fence? _____ We require a fence to high for the dog to escape. _____ **initial This is Mandatory**

14. Dogs require annual check ups and vaccinations are you willing to provide this for your dog? **Yes No**

14 a Will you be financially able to care for the dog in case of illness or injury? **Yes No** _____ **initial**

15. Do you have a veterinarian? **Yes No** If so may we contact them for reference? **Yes No** Name _____ Phone _____
If no, would you like us to recommend one? **Yes No**

15 a We make every effort to ensure that the animals are healthy prior to adoption. We do encourage you to take him/her to your vet within one to two weeks after bringing him/her home. This will help establish a good relationship early on with your vet. Initial _____

16. Would you object to a home visit from one of the staff members of Palomino Valley Pet Rescue, Inc. to insure that it is secure for the pet, if we deem necessary before the animal goes home? **NO**, I would not object to a home visit. _____ **initial**

Yes, I would object to a home visit. _____ **initial**

16a Would you object to Palomino Valley Pet Rescue doing a follow up check on the dog **after the adoption**? Either by phone or home visit? **Yes No**

FAMILY INFORMATION

17. Do you have any other pets? If yes please list below, use back if needed.

	Type	approx. age	sex	spay/neut.	Current on Vaccinations
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

18. Number of adults (over 18) in your household? _____

19. Number of children in your household? _____ ages _____

20. What type of residence do you live in? _____

21. **Do you rent / own?** _____ **Length of time at residence** _____

22. If renting we need to contact your landlord for verification of pet ownership.

Landlord name _____

Phone number _____ **or**

Please provide proof (rental agreement) stating the permission to own a pet.

employee initl _____

(2) name/ID# _____

23. If you feel the need to return the dog for any reason, please feel free to do so back to us at Palomino Valley Pet Rescue, Inc. you may receive a credit for up to 90 days for another animal, **however we do not offer refunds the adoption fees are considered donations to the rescue. We may ask you to keep animal if we are unable to provide space until space opens up or we find the animal another home.** _____ **initial**

24. I am aware that by signing this contract for the adoption of the listed animal, I hereby accept possession of this animal at my own risk, and hereby release and waive any right against Palomino Valley Pet Rescue, Inc. which I may have now or in the future for any damages to person or property caused by this animal. Which includes the care and wellbeing of the adopted animal _____ **initial**

25. Palomino Valley Pet Rescue, Inc. reserves the right to take the animal back, without a refund or exchange, if we feel the animal is not being cared for according to our adoption contract agreement.

26. We do not allow any physical alterations of our rescue animals, unless it is deemed medically necessary by a veterinarian for the animals health and welfare. If such alterations are performed unnecessarily we will consider it a breach of contract and have the right to take the animal without a refund or further adoptions.

27. As part of our adoptions, our dogs/puppies are spay/neutered microchipped and current on vaccinations. We also include vaccinations on all of our canines through their first Rabies vaccination (if needed.) It is required that the animals come into our vaccination clinics for their needed vaccinations through their first Rabies vaccination, unless arraignments are made with adoptive parents and is approved by PVPR. New adoptive parent must submit a copy of vaccinations administered to the adopted animal to PVPR if done by another veterinarian through first Rabies vaccination if we (PVPR) request it. Initial _____

27a. Notes on above _____

Palomino Valley Pet Rescue dog adoption

I certify that all of the information is true and understand that false information may result in contract being void. I also understand that failure to comply with the conditions set forth in the adoption contract could result in the availability to adopt from Palomino Valley Pet Rescue, Inc. in the future.

Signature

Date

I.D. verification

Drivers license # _____ State _____ Exp _____

Employee initial _____

Method of Payment _____ Date _____

Adoption Fee (donation) amount _____

Animal name _____ ID # _____

If you need to contact us and it is an emergency please call Terri at (925)963-9140 , (775)358-5527.

(4)

ANIMAL INFORMATION

PALOMINO VALLEY PET RESCUE, INC. (775)358-5527

1285 Baring Blvd. #276 Sparks, NV 89434

Terri cell (925)963-9140

Animal ID # _____ Animal name (if applicable) _____

By signing this contract, I agree that the dog/puppy being adopted by me is to be a member of my family and will be considered as such if there are any "life changes" ex, moving/ relocating / family changes. His/her welfare will be included in these "life changes."

I have read and understand all of the information about the animal listed above and agree to all terms of adoption agreement.

Signature

date