



### DOG ADOPTION APPLICATION

Today's Date: \_\_\_\_\_

<b>STAFF ONLY</b>			
Adoption Outlet: _____		Name of Animal(s): _____	
<input type="checkbox"/> Dog	<input type="checkbox"/> Puppy	Adoption Fee: \$ _____	<input type="checkbox"/> \$150 Surgery Deposit <input type="checkbox"/> Advantage Multi
Adoption Facilitator: _____		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Notes: _____		Date: _____	
<i>Checks that don't clear incur a \$25 fee.</i>			

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

1. HAVE YOU ADOPTED FROM PAL BEFORE?  YES  NO

IF YES, PLEASE INDICATE:  CAT  DOG WHEN? \_\_\_\_\_

2. DO YOU LIVE IN A:  HOUSE  APARTMENT/CONDO  OTHER \_\_\_\_\_

3. DO YOU:  OWN  RENT (if rent please complete below)

IF YOU ARE RENTING YOUR HOME, DOES YOUR LANDLORD ALLOW PETS?  YES  NO

LANDLORD'S CONTACT INFORMATION: \_\_\_\_\_ LENGTH AT CURRENT ADDRESS: \_\_\_\_\_

4. DOES YOUR COMMUNITY RESTRICT THE NUMBER OF ANIMALS PER HOUSEHOLD?  YES  NO

5. ARE THERE RESTRICTIONS IN YOUR COMMUNITY THAT RESTRICT CERTAIN BREEDS?  YES  NO

IF SO, WHAT ARE THE RESTRICTIONS? \_\_\_\_\_

6. LIST ADDITIONAL PEOPLE YOUR NEW COMPANION ANIMAL WILL BE LIVING WITH:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

7. WILL THE ENTIRE HOUSEHOLD SHARE IN THE CARE OF THE COMPANION ANIMAL?  YES  NO

8. ARE ANY MEMBERS OF YOUR HOUSEHOLD ALLERGIC TO CATS/DOGS?  YES  NO

9. WHAT WILL HAPPEN TO THIS ANIMAL IF YOU MUST MOVE UNEXPECTEDLY? \_\_\_\_\_

10. WHAT KIND OF BEHAVIOR(S) WOULD YOU FIND UNACCEPTABLE IN A PET? (EXAMPLE: AGGRESSION, BARKING):

\_\_\_\_\_

11. IF YOU ADOPT A PUPPY, WHAT KIND OF HOUSE TRAINING METHOD WILL YOU USE? \_\_\_\_\_

12. WILL YOU CRATE TRAIN YOUR DOG?  YES  NO

13. WHERE WILL YOUR DOG/PUPPY STAY DURING THE DAY? \_\_\_\_\_ NIGHT? \_\_\_\_\_

14. DO YOU HAVE A FENCED YARD? \_\_\_\_\_

IF SO, WILL YOU INCLUDE REGULAR EXERCISE & LEASH WALKS FOR THIS DOG?  YES  NO

15. WILL YOU BE TETHERING YOUR DOG?  YES  NO

16. HOW MANY HOURS IN AN AVERAGE WORK DAY WILL YOUR COMPANION BE UNATTENDED? \_\_\_\_\_

17. WHAT WILL HAPPEN TO YOUR COMPANION ANIMAL WHEN YOU GO ON VACATION OR IN AN EMERGENCY?

\_\_\_\_\_

18. DO YOU HAVE A REGULAR VETERINARIAN?  YES  NO

VETS NAME: \_\_\_\_\_ CLINIC: \_\_\_\_\_ NUMBER: \_\_\_\_\_

19. DO YOU WANT THESE ANIMALS TO LIVE...  INSIDE ONLY  INSIDE/OUTSIDE  OUTSIDE ONLY



20. WHERE WILL THIS ANIMAL BE KEPT WHEN YOU ARE NOT HOME? \_\_\_\_\_

21. HOW MUCH DO YOU ANTICIPATE ANNUAL COSTS FOR THIS COMPANION ANIMAL TO BE? \_\_\_\_\_

22. HOW MANY ANIMALS HAVE BEEN UNDER YOUR CARE IN THE LAST FIVE YEARS, STARTING WITH YOUR CURRENT ANIMALS?

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ NEUTERED/SPAYED: \_\_\_\_\_ LENGTH OF TIME WITH ANIMAL \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ NEUTERED/SPAYED: \_\_\_\_\_ LENGTH OF TIME WITH ANIMAL \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ NEUTERED/SPAYED: \_\_\_\_\_ LENGTH OF TIME WITH ANIMAL \_\_\_\_\_

ARE YOUR CURRENT ANIMALS UP TO DATE ON THEIR VACCINATIONS?  YES  NO

23. HAVE YOU CONSIDERED YOUR PET'S WELFARE IN THE UNLIKELY CASE YOU ARE NO LONGER ABLE TO PROVIDE CURRENT LEVEL OF CARE DUE TO MEDICAL EMERGENCY, COMPLICATED HEALTH PROBLEMS OR AGE?

YES  NO

24. **MILITARY PERSONNEL:** DO YOU LIVE ON BASE?  YES  NO WHEN DID YOU ARRIVE? \_\_\_\_\_

WHAT'S YOUR DUTY STATION & UNIT? \_\_\_\_\_ LENGTH STATIONED FOR? \_\_\_\_\_

NAME OF RANKING SUPERVISOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

WHAT PLAN IS IN PLACE IF YOU ARE TRANSFERRED OR DEPLOYED? \_\_\_\_\_

HAVE YOU HAD TO RELINQUISH AN ANIMAL BEFORE DUE TO DEPLOYMENT OR CHANGE OF LOCATION?  YES  NO

**Palmetto Animal League hereby agrees and allows the aforementioned adopter to adopt the animal identified above, subject to the following conditions:**

\_\_\_\_\_ I agree to feed daily, always provide drinking water, adequate shelter, and to provide kind treatment at all times.

\_\_\_\_\_ I am 18 years of age or older and have provided identification showing my present address. If I am not the owner of the home (live with family), I have permission from the owner to bring this pet into the home or I have permission from the landlord to have this pet in my home.

\_\_\_\_\_ I agree that this animal is to be kept solely as a pet, that this animal will never be used for any other purpose, including but not limited to fighting, food, medical or other experimental uses.

\_\_\_\_\_ I agree to license this animal in compliance with the laws and ordinances in the municipality where the adopter resides, currently and at all times in the future.

\_\_\_\_\_ I agree that neither myself, nor any member of their household, have ever been convicted of animal cruelty, neglect or abandonment in any jurisdiction whatsoever, at any time whatsoever.

\_\_\_\_\_ I agree to provide and be responsible for the cost for all medical care and further agree to regular wellness visits to a licensed veterinarian yearly, and to provide preventative medication for parasites and heartworm, as recommended by the veterinarian.

\_\_\_\_\_ I agree that in the event I am unable to keep this animal, I must notify Palmetto Animal League to schedule a date and time for returning the pet. I understand that a return date and time is dependent upon the availability of space and that I may be required to hold the pet until space is available or find an alternative such as boarding until space becomes available. **\*Adoption returns take priority on our intake list.\***

\_\_\_\_\_ I understand that Palmetto Animal League may require a 24+ hour hold on all adoptions at our discretion.

\_\_\_\_\_ I understand that all pets are spayed or neutered prior to adoption or by entering into a written agreement for spay/neuter surgery at a later date due to the pet not making weight, medical issues that need to resolve or an overwhelmed surgery schedule.

This is called Foster to Adopt to comply with South Carolina State Law 47-3-480.

\_\_\_\_\_ I understand that adoption fees are non-refundable. I understand that dogs that are not altered prior to adoption require a surgery deposit of \$150.00 to be refunded at the time of surgery pick up.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_