



**DOG ADOPTION APPLICATION**

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

**STAFF ONLY**

Adoption Outlet: \_\_\_\_\_ Name of Animal(s) Adopting: \_\_\_\_\_

Adult Dog  Senior Dog Adoption Fee: \$ \_\_\_\_\_  \$150 Surgery Deposit

Adoption Facilitator: \_\_\_\_\_ Approved  Denied  Date: \_\_\_\_\_

*Checks that don't clear incur a \$25 fee.*

WHO DO YOU WANT TO ADOPT? \_\_\_\_\_ WHEN CAN YOU TAKE HOME? \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

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

1. HAVE YOU ADOPTED FROM PAL BEFORE?  YES  NO IF YES, PLEASE INDICATE WHEN: \_\_\_\_\_

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

IF RENTING, LANDLORD'S NAME/OFFICE: \_\_\_\_\_ LANDLORD'S PHONE #: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

6. WHAT KIND OF HOUSE TRAINING METHOD WILL YOU USE? \_\_\_\_\_

7. WILL YOU CRATE TRAIN YOUR DOG?  YES  NO

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

9. DO YOU HAVE A FENCED YARD?  YES  NO WILL YOU REGULARLY LEASH WALK THIS DOG?  YES  NO

10. WILL YOU BE TETHER THIS DOG?  YES  NO WILL THIS DOG LIVE:  INSIDE ONLY  INSIDE/OUTSIDE  OUTSIDE ONLY

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

\_\_\_\_\_

12. DO YOU HAVE A REGULAR VETERINARIAN?  YES  NO WHEN DID YOUR ANIMALS LAST SEE A VET? \_\_\_\_\_

VET CLINIC NAME AND NUMBER: \_\_\_\_\_

13. DO YOU WANT THIS ANIMAL TO LIVE...  INSIDE ONLY  INSIDE/OUTSIDE  OUTSIDE ONLY

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

15. HOW MUCH DO YOU THINK THIS ANIMAL WILL COST EVERY YEAR? \_\_\_\_\_

16. HOW MANY ANIMALS CURRENTLY LIVE IN YOUR HOME? \_\_\_\_\_ DOGS, \_\_\_\_\_ CATS, \_\_\_\_\_ OTHER TYPES OF ANIMALS

ARE YOUR CURRENT ANIMALS SPAYED/NEUTERED AND UP TO DATE ON VACCINES?  YES  NO

17. 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

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

NAME OF RANKING SUPERVISOR AND PHONE #: \_\_\_\_\_

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

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



**Adopter understands and agrees that Palmetto Animal League has the right to reclaim the pet if any of the following conditions are not met at any time:**

\_\_\_\_\_ Adopter agrees to feed daily and always provide drinking water and adequate shelter, and to provide humane treatment at all times.

\_\_\_\_\_ Adopter is 18 years of age or older and has provided identification showing my present address. If I am not the owner of the home, 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.

\_\_\_\_\_ Adopter agrees that the animal is to be kept solely as a pet, and adopter agrees that the animal will never be used for any other purpose, including but not limited to fighting, food, medical, or other experimental uses.

\_\_\_\_\_ Adopter agrees to license the animal in compliance with the laws and ordinances in the municipality where the Adopter resides, currently and at all times in the future.

\_\_\_\_\_ Adopter affirms that neither they, nor any member of their household, has ever been convicted of animal cruelty, neglect or abandonment in any jurisdiction whatsoever, at any time whatsoever.

\_\_\_\_\_ Adopter agrees to provide and be responsible for the cost for all medical care and further agrees to regular “well visits” to a licensed veterinarian at least yearly, and to provide any preventative treatments and vaccinations recommended by a veterinarian. Adopters must provide the animal with necessary veterinary care in case of sickness, disease, or injury.

\_\_\_\_\_ Adopters agree that in the event they are unable to keep the adopted pet, they must notify Palmetto Animal League to schedule a date and time for returning the pet. Adopter agrees not to give away, sell, or trade away this animal. In the event that this animal is lost or dies, the adopter agrees to notify PAL within 24 hours.

\_\_\_\_\_ Adoption fees are non-refundable. If the animal’s adoption requires a deposit, that deposit can be withheld if the adopter misses their surgery/vaccination appointments.

\_\_\_\_\_ Adopter understands that Palmetto Animal League is prepared to report any unaltered animal in foster to adopt as stolen property to the county’s animal control in order to reclaim an animal after the adopter refuses or misses scheduled surgery and vaccination appointments. (SC State Law 47-3-480)

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

