

**ANIMAL RESCUE RECON**

P.O. Box 638  
Oakley CA 94561

925.392.7654

animalrescuerecon@gmail.com

AD #:	Pet Name:	Sex:	Age or DOB:	Microchip #:
Breed:	Color:	Spay/Neuter Date:	Veterinarian:	
Vaccinations:	Bordetella:	DHPP:	Rabies :	
Treatments: Flea:	De-Worming:	Diet / Comments:		

**ADOPTION APPLICATION & CONTRACT**

Name (please print): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Type of Housing (circle one): House Apartment Condo Military Do you (circle one): Own Rent (\*complete below)

\*Landlord(s) Name (if renting / leasing): \_\_\_\_\_ Phone: \_\_\_\_\_

**\*I HAVE MY LANDLORD'S PERMISSION TO HAVE PET(S) ON THE PROPERTY WHERE I LIVE \_\_\_\_\_ (your initials)**

How long at this address? \_\_\_\_\_ # In Household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Children's Ages \_\_\_\_\_

Do you have a private yard? (circle one) Yes No Do you have a fence? Yes No Type: \_\_\_\_\_ Height: \_\_\_\_\_

Do you have an outdoor kennel/dog run? Yes No Do you have a pool? Yes No Is pool fenced/enclosed? Yes No

Any Allergies related to domestic animals? Yes No If yes, please explain: \_\_\_\_\_

**PET HISTORY:** Please include all pets currently & previously owned in the past 5 years (continue on back of form if you need more space):

Type of Pet	Age	Sex	Spayed/Neutered?	Kept In/Out?	How Long Owned?	Where Is Pet Now?

Reason for wanting to adopt (circle all that apply): Companion for - Self Children Other Pet Gift (for who?) \_\_\_\_\_

Length of time this pet will be left alone each day: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Where will the pet be kept? Daytime \_\_\_\_\_ At Night \_\_\_\_\_

Who will be responsible for the pet's daily care? \_\_\_\_\_ Veterinarian's Name: \_\_\_\_\_

If the pet will be kept outdoors, describe shelter: \_\_\_\_\_

How did you hear about Animal Rescue Recon (circle one)? ARR Website Petfinder.com FaceBook Google/Search Friend Drive-By

**I certify that the information above is true and correct. I understand that false information may void this application and contract. In assuming responsibility for the animal listed above, I agree to abide by the following:**

- 1) I UNDERSTAND AND AGREE THAT IF THE ANIMAL IS NOT ALTERED AT THE TIME OF ADOPTION, I WILL BRING THE PET TO ARR'S VET ON THE SCHEDULED DATE AND UNDERSTAND THE SURGERY IS COVERED BY THE ADOPTION FEE. Missed appointments will incur a \$50 fee, payable to ARR immediately. (Initial here):** \_\_\_\_\_ I will provide a loving home, nutritional food, medical care, and immunizations required to maintain good health. I will never allow this animal to be physically abused and I will protect it from dangers such as hazardous traffic, other animals or malicious people.
- 2) I agree not to de-claw, debark, tail dock or ear crop (Initial here):** \_\_\_\_\_ I will respect and obey all County and/or City animal control laws pertaining to this animal (all dogs 4 months or older must receive a Rabies vaccine [if not already current] and be licensed within 30 days of adoption). I understand that this is my responsibility and not that of Animal Rescue Recon and/or it's volunteers.
- 3) I further agree that, if unable to keep this animal, I will contact ANIMAL RESCUE RECON before placing this animal with any other person, humane society, or animal shelter (Initial here):** \_\_\_\_\_ I understand that A.R.R. does not have a shelter or kennel facility, so I agree to keep the animal safe until A.R.R. can determine if another home or temporary foster care can be found.
- 4) I also understand that I will not hold Animal Rescue Recon nor any of it's volunteers responsible for any damage (Initial here):** \_\_\_\_\_ occurred to my home by this animal, nor for any disease my personal pets may contract from this animal, or physical injuries incurred to me or to my personal pets.
- 5) I understand and agree that A.R.R. volunteers are authorized to remove the above animal from my home if I have misrepresented my position or myself in any way, or if there has been a violation of this Adoption Agreement (Initial here):** \_\_\_\_\_ ARR reserves the right to perform occasional follow-up home visits to check on the animal.

**I HAVE READ THE ABOVE AGREEMENT, UNDERSTAND ITS CONTENTS, AND AGREE TO ABIDE BY THESE TERMS. By signing below, I hereby grant to Animal Rescue Recon the right and license to use my name, image, likeness, and comments in A.R.R. materials. These materials include but are not limited to advertisements, brochures, news releases, magazines, newspapers, newsletters, videos, and Web sites.**

**ADOPTEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

For Internal Use Only:

Donation Amount: \$ \_\_\_\_\_ Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Bank: \_\_\_\_\_ PayPal (circle): VISA M/C DISCOVER AMEX

Driver's License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verified By (volunteer): \_\_\_\_\_