

CAROLINA HELPING PAWS RESCUE

ADOPTION APPLICATION



Email: carolinahelpingpawsrescue@gmail.com

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Visit our website: [Website: www.carolinahelpingpawsrescue.org](http://www.carolinahelpingpawsrescue.org)

Welcome to ***Carolina Helping Paws Rescue (CHPR)***. The following information is requested so we can ensure the best possible home environment for our dogs.

Completion of this application does not guarantee approval by ***Carolina Helping Paws Rescue. We want the personality of the dog to match the lifestyle of the adopters so it will be a Furever home! We reserve the right to refuse adoption to anyone. Our rescue is run by volunteers who are always learning & trying to consider what is best for the animal being adopted. Please understand rescue is rewarding but also heart-breaking at times. Thank you!

Name of pet for whom you are submitting this application? _____

Do you have a second or third choice? _____

Is this a pre-approval pending selection of a compatible pet? _____

Does the potential size when full grown affect your decision to adopt this rescue? If so, how? Please explain.

Where did you hear about us? _____

Thank you for considering Carolina Helping Paws Rescue!

To be considered for adoption, you must:

- Be 21 years of age or older and have current identification showing your present address.
- Have the knowledge & consent of your landlord if you do not own your home
 - Must include authorizing information to be released to rescue personnel



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APPLICANT INFORMATION:

Full Name: _____ **Date of birth:** _____
First/Last

Driver's license #: _____

Address: _____ **How long at this address?** _____

City: _____ **State:** _____ **Zip:** _____ **Best time to call?** _____

Phone (Home): _____ **Mobile:** _____

Are you employed outside of the home? YES/NO _____ **FT/ PT** _____

Current Employer: _____
Name Phone

CO- APPLICANT INFORMATION:

Full Name: _____ **Date of birth:** _____
First/Last

Driver's license #: _____

Address: _____ **How long at this address?** _____

City: _____ **State:** _____ **Zip:** _____ **Best time to call?** _____

Phone (Home): _____ **Mobile:** _____

Are you employed outside of the home? YES/NO _____ **FT/ PT** _____

Current Employer: _____
Name Phone

Do you live in: ___ **HOUSE** ___ **APARTMENT** ___ **CONDO/TOWNHOME** ___ **MOBILE HOME**

Do you **OWN/RENT?** _____

If you **rent**, we must contact the owner to obtain permission for this pet to live in your home.

Property Owner NAME: _____ **PHONE:** _____



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FAMILY INFORMATION:

Please list ALL family members living in the household: (Full names for adults & ages of each child)

NAME	AGES

Please describe your household: (Active, Laid back, Chaotic, etc.) _____

Has anyone in your household suffered from allergies to animals? **YES/NO** _____ If yes, please complete:

NAME	HOW LONG	TYPE OF REACTION	ALLERGY MANAGEMENT

If applying to adopt, why are you interested in adopting this pet?

_____ **FAMILY PET** _____ **FOR KIDS** _____ **GIFT** _____ **PROTECTION** _____ **COMP FOR OTHER**
PET

_____ **OTHER** (Explain) _____

If applying to foster, why are you interested in fostering for our rescue?

_____ **FAMILY PET** _____ **FOR KIDS** _____ **GIFT** _____ **PROTECTION** _____ **COMP FOR OTHER**
PET

_____ **OTHER** (Explain) _____



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CURRENT FAMILY PETS: Please list all animals in your household currently or have owned in the past:

	Animal #1	Animal #2	Animal #3	Animal #4
NAME				
BREED				
SEX				
SPAYED/NEUTERED				
REASON IF NOT DONE				
TIME OWNED				
CURRENT AGE				
WHAT HAPPENED TO HIM/HER				
ANIMALS UP TO DATE OF VACCINES- If not, why?				

How are you planning on introducing your new pet to the pets already living in your home?

Have you EVER turned a pet over to a shelter: **YES/NO** _____ If yes, please explain?

REFERENCES:

Veterinarian Information: Please call and authorize release of information to our rescue personnel.

Name: _____ **Phone:** _____

Address: _____

Personal References:

1. **Name:** _____ **Phone:** _____ **Best time to call?** _____

Relationship to applicant: _____

2. **Name:** _____ **Phone:** _____ **Best time to call?** _____

Relationship to applicant: _____

3. **Name:** _____ **Phone:** _____ **Best time to call?** _____

Relationship to applicant: _____



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QUESTIONS ABOUT LIFE WITH YOUR NEW PET:

If you had to move, are you willing to restrict your housing to places where the type of pet, # of pets, and breeds were allowed? Why/why not? _____

How many hours each day will this pet be without human companionship? _____

Are you willing to have a representative of **CHPR** come to see where the pet will be living? **Y/N** _____

Do you have a fenced yard: **Y/N** ____ If No: Are you planning on installing one? _____

If yes: __ **Fully Fenced** __ **Partially Fenced** __ **Chain Link** __ **Wood** __ **Vinyl** __ **Electric**

Height of Fence: _____

If **no** fence is installed, how will you keep the dog on your property?

Will the dog ride in the back of a pickup truck? **Y/N** _____

Do you have a dog door? **Y/N** _____

Are there stairs at your home? **Y/N** _____ If yes, how many stairs? _____

Will the dog spend any time in the garage? **Y/N** ____ If yes, explain: _____

All dogs/puppies react differently to a new environment & we cannot guarantee a pet will be housetrained when adopted. Please acknowledge you are aware housetraining may be needed for your new pet & you will have the time to give him/her this attention. (Initial here): _____

What methods will you use to house-train him/her? _____

How will you be training the dog's behavior? __ **Self** __ **Training Class** __ **Professional trainer**?

Are you able and willing to exercise the dog daily? **Y/N** _____

What type of exercise? _____

Where will the dog be kept during the day? _____

Where will the dog sleep at night? _____



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QUESTIONS ABOUT LIFE WITH YOUR NEW PET (CONT):

Do you plan to move/go on vacations soon: Y/N _____ If yes, do you plan to take the dog with you? Y/N _____

When away/on a vacation, who will take care of the pet? _____

Are you aware heartworm disease in dogs occurs at an alarming rate in the Southern US? Y/N _____

Are you willing & able to afford heartworm preventative medications for your pets? Y/N _____

Have you ever had a pet test positive for heartworm disease? Y/N _____ If yes, what did you do about it?

If applying to adopt, how much are you willing to spend on medical bills for your dog per year?

___ Up to \$100 ___ up to \$500 ___ up to \$1000 ___ up to \$5000 ___ whatever it takes.

What would you do if the vet bills go over this amount? _____

Have you ever applied to foster or adopt a dog from CHPR before? Y/N _____

Have you ever applied for or adopted a pet from any other rescue or shelter? Y/N _____

What was the outcome of that application? (Approved- led to an adoption/denied – for what reason?)

To ADOPT: Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

To FOSTER: Be able and willing to spend the time necessary to care for a pet.

What provisions will you make for the dog/cat should circumstances occur and you become unable to care for it?

Additional comments by applicant:



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PLEASE INITIAL EACH STATEMENT (Applicants and Co-Applicants):

___/___ I have answered all the above questions truthfully to the best of my knowledge.

___/___ I understand that if, for any reason, I can no longer care for or keep an animal, I agree to contact Carolina Helping Paws Recue and **MUST RETURN** him/her directly to a rescue representative and I will sign all necessary papers for the surrender of the animal

___/___ I am committed to keeping this pet(s) until it dies due to old age or illness, even if your family, life, job changes or you move/are moving

___/___ I am willing to accept immediate & full responsibility for ownership of this pet including medical care & expense and training of the pet

___/___ I agree to properly license the adopted pet(s) and follow all local and state regulations regarding pet ownership and control

___/___ I agree to keep the adopted pet up to date on vaccinations as recommended by a licensed veterinarian

___/___ I agree to provide the pet with yearly veterinarian examinations and follow their recommendations for vaccinations, dental work, preventative medications, etc.

___/___ I agree to not declaw any cat

___/___ In the unlikely event that I adopt a pet that is not already spayed or neutered, I agree to neuter or spay at no later than six (6) months or when a veterinarian suggests and to provide proof of the procedure upon request to the rescue

___/___ I hereby authorize the release of information to Carolina Helping Paws Rescue by the veterinarian and staff providing care for my pets

___/___ I agree to provide the pet with a safe and loving home, food, water, shelter, and medical care to keep him/her healthy to include preventative medications and sufficient exercise and agree to leash this pet until which time he/she is trained to be off leash and is fully familiar with the new surroundings of our home and to take care when traveling to include restraints and leashes when getting in and out of vehicles when off of our property

___/___ I agree to always bring my animal into my home at night or anytime I am unable to supervise it so my animal can be safe from the elements, other animals, and people who may target him for theft and abuse

___/___ I agree to never abandon the animal under any circumstances and expect him/her to fend for itself

___/___ I agree I will NOT keep any companion animal primarily outside and never on a chain or in a pen/kennel for their living space

___/___ I agree to never euthanize the pet unless the veterinarian recommends euthanasia because of tremendous suffering

___/___ I agree to keep and consider this pet as a companion and part of the family and not a disposable item



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___/___ I agree to arrange for boarding or proper daily care in the absence of its owner(s) during times of vacations, work trips, and any other time when our normal daily routine will be interrupted

___/___ I acknowledge CHPR has assessed the animal to the best of their abilities, however, I understand that CHPR has had this animal for a limited time and makes no representation that the animal is free from characteristics or propensities that could be a source of danger to humans, other animals, or property.

___/___ I agree to never surrender the pet to a third party without express written approval of Carolina Helping Paws Rescue

___/___ I understand that while CHPR takes every precaution to assure the health of its animals, no guarantee can be given regarding the condition of the animal I have adopted and understand the adoption is a commitment for the duration of the pet's life.

___/___ I understand that I upon finalization of an adoption, a non-refundable adoption fee is paid to CHPR, which will be used immediately towards the care of current and/or future rescued animals

___/___ I agree to surrender the pet to CHPR if, in the opinion of two CHPR representatives the animal is not being cared for properly, such as being neglected or abused or the lack of veterinary care or any reason that Carolina Helping Paws Rescue deems as not being cared for properly

___/___ I have reviewed my application carefully and have read, understand, and agree to all of the above conditions

___/___ I agree that if I MUST surrender this animal for any reason after adoption that I will surrender/return the dog/cat/animal back to CHPR President or Vice President and to no one else unless authorized by CHPR President or Vice President

___/___ If CHPR must take you to court to obtain custody of said animal(s) then all court fees, lawyer fees, and misc. fees will be the adopters' responsibility no matter what the outcome of the case

I have completed this application truthfully, and I understand the foster/adoption process:

APPLICANT:

Print Name: _____

Signature: _____ **Date:** _____

CO-APPLICANT:

Print Name: _____

Signature: _____ **Date:** _____