

# K9 SPIRIT ORGANIZATION

A Rescue and Non-Profit Corporation

18627 Brookhurst St #135

Fountain Valley, CA 92708-6748

Or

PO Box 9200-135

Fountain Valley, CA 92708-9200

Contact: Stacy@k9spirit.org

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## ADOPTION APPLICATION and Contract

It is our policy to make certain that each person who adopts a dog is aware of the responsibilities of pet ownership, and is capable of and willing to accept those responsibilities morally, physically and financially. Not every person who desires to adopt a dog should do so. Every dog adopted through K9 Spirit Organization has been spayed and or neutered prior to adoption.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet ownership, and if the dog of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

### PERSONAL INFORMATION

Dog's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Age: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's license # \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Work schedule: \_\_\_\_\_ Spouse's: \_\_\_\_\_

Names of all persons living in your household, their relationship to you and their ages:

\_\_\_\_\_

YOUR HOME

House Apt Condo Other\_\_\_\_\_ Own or Rent

Does your home have a pool? \_\_Yes \_\_No

Would you object to an inspection of your home by a rescue volunteer? \_\_Yes \_\_No

If not a home owner, do you have the landlord's permission to have a dog? \_\_\_\_\_

YOUR PETS

Current Pet(s)

Cat, Dog (Breed)	Age	Sex	Altered?	How & Why Obtained?	How Long

YOUR NEW DOG

How many hours per day would the dog be left alone? \_\_\_\_\_

Where would the dog be left when he/she is alone? \_\_Indoors \_\_Outdoors

If outdoors: Yard \_\_ Patio \_\_ Kennel \_\_ Garage \_\_ Other\_\_\_\_\_

If yard: Fenced \_\_\_( \_\_\_ feet) Unfenced\_\_\_\_\_ Do you have a doggie door? Yes \_\_ No\_\_\_\_\_

Who has access to your backyard?\_\_\_\_\_

Do you intend to hire a dog-sitter or take the dog to a doggie daycare center? Yes\_\_\_ No\_\_\_\_\_

When you are at home, the dog would be:

always indoors \_\_mostly indoors \_\_always outdoors \_\_mostly outdoors\_\_

If the dog will be outside at all, what outside space is available for the dog: \_\_\_\_\_

Yard \_\_ Patio \_\_ Run \_\_ Balcony \_\_ Unfenced yard \_\_ Other: \_\_\_\_\_

What provisions would be made for the dog if you had to move to:

Locally?\_\_\_\_\_ Out of state?\_\_\_\_\_

To a place where no pets are allowed?\_\_\_\_\_

If the dog became destructive at your home what would you do?\_\_\_\_\_

Are you willing to live with hair on furniture, stains on rugs, a warm body in bed, and an animal that may be destructive at times??\_\_\_\_\_

Pets are an investment of time & money. Are you willing to financially commit to the medical care, grooming, proper diet, shelter and exercise needs for a pet?\_\_\_\_\_

**PLEASE READ AND INITIAL EACH STATEMENT BELOW:**

- I understand that a home visit may be required prior to placement\_\_\_\_\_
- I understand that a home check does not guarantee placement \_\_\_\_\_
- I understand that any adoption donation or contribution is a gift given in support of our rescue, not the purchase price of a dog. I will make a minimum tax deductible donation of \_\_\_\_\_ to help K9 Spirit Organization provide medical care, spay & neuter, boarding in support of their continuing rescue efforts of unwanted, abused & neglected dogs \_\_\_\_\_
- You are prepared to pay someone up to \$40, or more, every 4-6 wks to groom your pet\_\_\_\_\_
- Adopters over the age of 70 are required to have a co-adopter in case of accident or death. If this applies to you, you will provide co-adopter? (must be present at time of adoption) \_\_\_\_\_
- K9 Spirit Organization or any of its representatives, reserve the right to refuse adoption to any applicant for any reason \_\_\_\_\_

**Adopter Agrees to the Following:**

1. To provide a safe, loving home. I do not live in a "No Pets Allowed" Building"
2. To Provide Lifetime care, including annual veterinary exams and booster shots.
3. To provide my pet with a collar and a name tag to be worn at all times.
4. I also agree to notify K9 Spirit Organization, if I can no Longer care for this pet.
5. I will not give this pet to an animal shelter or sell it to research.\_\_\_\_\_Initials
6. I understand that my adoption donation for my pet is a donation to the rescue and is non refundable.
7. I also acknowledge that rescue dogs may have unknown illness that K9 Spirit Organization volunteers/officers are unaware of and therefore do not hold them liable.

**Application Information: All of the information I have provided in this application is true and correct. If any of the information changes, I will advise you promptly.**

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

Print Name: \_\_\_\_\_