|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | **ADOPTING:** |  |  |
|  |  |  |  |  |  |  |  |  |  |   |   |  |
| **Homeward Bound in the Heartland** |  |
| **ADOPTION APPLICATION AND AGREEMENT** |  |
|  | **PLEASE NOTE: Pets can live on average between 15-25 years. Basic Maintenance (Food, Litter, Grooming etc) can range $40 and up per month. An annual vet check and vaccinations could average $60 and up. We require all adopted animals to be spayed/neutered with adoption. Please also understand that by completing this application this is merely the first step towards adopting from Homeward Bound in the Heartland.. By submitting this application, you are neither guaranteed nor obligated to adopt. This is merely the beginning of a process that will include vet references, person/phone interviews and a home visit.** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Date:** |   |  |  |
|  | **First Name:** |   |  |   |   |  |  |
|  | **Last Name:** |   |  |  |  |  |  |
|  | **D.O.B.** |   |   |   |   |  |  |  |  |  |
|  | **Dr. Lic. & State** |   |   |  |  |  |  |
|  | **E-mail Address:** |   |  |  |  |  |
|  |  |   |   |   |   |   |   |   |  |  |  |  |
|  | **Street Address:** |   |  |  |  |  |
|  | **City/Town:** |   |   |  |  |  |  |
|  | **State:** |   |   |   |   |  |  |  |  |  |
|  | **Zip Code:** |   |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |
|  | **Home Phone:** |   |  |  |  |  |  |
|  | **Work Phone:** |   |  |  |  |  |  |
|  | **Cell Phone:** |   |  |  |  |  |  |
|  |  |   |   |   |   |   |   |  |  |  |  |  |
|  | **Best Time To Call:** |   |   |   |   |   |  |
|  | **Occupation(s):** |   |  |
|  |  |   |   |   |   |   |   |   |   |   |   |  |
| \* | **How long have you lived at your present address:** |   | **(years / months)** |  |  |  |
|  |  |  |  |  |   |   |   |  |  |  |  |  |
| \* | **Do you own or rent your home:   OWN** |   | **or RENT** |   | \*\*If Rental Property, Please provide Landlord & |  |
|  |  |  |  |  |   |  |   | Lease info at bottom of page 3 |  |
| \* | **Select the type of Dwelling you live in:** |   |  |   |  |  |  |  |  |
|  |  | House |   | Apartment |   | Condo |   |   |  |  |  |  |
|  |  |  |   |  |   |  |   |  |  |  |  |  |
|  |  | Duplex |   | Townhouse |   | Other |   | DESCRIBE: |   |  |  |
|  |  |  |   |  |   |  |   |  |   |   |  |  |
| \* | **Please list all members currently living in the household** |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
|   | ***Name*** | ***Gender*** | ***Age*** | ***Name*** | ***Gender*** | ***Age*** |  |
|   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
| \* | **If you move what will you do with this pet?** |  |   |  |
|  |  |  |  |  |  |   |   |   |   |   |   |  |
| \* | **Where will this pet be kept** |  |  |  |  |  |  |  |  |
|  | During the day: |   |  |
|  | During the night:  |   |  |
|  | When no one is home:  |   |  |
|  | When on vacation:  |   |  |
|  | On average how long will this pet be left alone each day: |   |  |
|  |  |  |  |  |  |  |   |   |   |   |   |  |
| \* | **Does anyone in the household have allergies to dogs/cats?** | **YES** |   | **NO** |   |   |  |
|  |  |  |  |  |  |  |  |   |  |   |  |  |
| \* | **Who will be responsible for this pet:** |   |  |
|  | **\*\*Note: No child under 18 years of age can/should be responsible for this pet! NO EXCEPTIONS!** |   |   |  |
|  |  |  |  |  |   |  |   |  |  |  |  |  |
| \* | **Will this dog/cat be: Indoors Only** |   |   |   | **Both Indoors & Outdoors** |  |  |
| \* | **Please provide name and contact information for your veterinarian, or the one you will use with this pet:** |  |
|  | **Vet Clinic Name:** |   |  |  |  |
|  | **Address:** |   |  |  |  |
|  | **Phone Number:** |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* | **Please list TWO references I may contact regarding this adoption:** |  |  |  |  |
|  | **Reference #1:** |  |  |  |  |  |  |  |  |  |  |  |
|  | Name: |   |  |  |  |
|  | Address: |   |  |  |  |
|  | Phone Number: |   |   |   |   |   |   |  |  |  |
|  | E-mail Address: |   |  |  |  |
|  |  |   |   |   |   |   |   |  |  |  |  |  |
| \* | **Reference #2:** |  |  |  |  |  |  |  |  |  |  |  |
|  | Name: |   |  |  |  |
|  | Address: |   |  |  |  |
|  | Phone Number: |   |   |   |   |   |   |  |  |  |
|  | E-mail Address: |   |  |  |  |  |  |
|  |  |   |   |   |   |   |   |  |  |  |  |  |
| \* | **Please list all pets you have owned in the last five years:** |  |  |  |  |
|  |   |  |   |  |   |  |  |
|  |   |  |   |  |   |  |  |
|  |     |   |  |   |   |   |  |   |   |   |  |  |
| \* | **Please list all pets (cat, dog, etc) including breed, age and gender that currently live in the household:** |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
|   | ***Name*** | ***Species*** | ***Breed*** | ***Age*** | ***Spay or Neuter?*** | ***Gender*** |  |
|   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
| \* | **If you have lost a pet or it died at an early age or due to an accident, please provide details:** |   |  |
|   |   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
| \* | **Have you ever sold, given away or euthanized a pet, please provide details:** |   |  |
|   |   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
| \* | **Have you ever surrendered a pet to a shelter or rescue group? please provide details:** |   |  |
|   |   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
| \* | **Describe your reason for wanting to adopt a dog/cat:** |   |   |   |   |  |
|   |   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
| \* | **Do you have any objections to a home visit prior to taking your adopted animal home?** |   |  |  |
|  |  |  |  |  |  |  |  |  |  |   |  |  |
|  | If yes, please explain: |   |  |
|  |  |  |   |   |   |   |   |   |   |   |   |  |
| \* | **Have you filled out an application with other rescue organizations?** | **YES** |   | **NO** |   |  |
|  |  |  |  |  |  |  |  |  |   |  |   |  |
|  | List Organization: |   |  | Did you adopt? |   |  |  |
|  | List Organization: |   |  | Did you adopt? |   |  |  |
|  |   |   |   |   |   |   |  |  |  |   |  |  |
| \* | **If you did NOT adopt, explain why?** |   |   |   |   |   |   |   |  |
|   |   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |
| \* | **Are you willing to donate the agreed upon Adoption Fee?** | **YES** |   | **NO** |   |  |
|  |  |  |  |  |  |  |  |  |   |  |   |  |
| \* | **Adoption Fees….are as follows:** |   |  |
|  | *\*\*Adoption fees are non-refundable, please understand that all fees are used to cover medical expenses of rescued animals.* |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Dog** |  |  |  |  | **TOTAL** |  |  |
|  | **Cat(s)** |  |  |  |  | **TOTAL** |  |  |
|  |  |  |  |   |  |  |  |   |  |   |   |  |
|  | **Under no circumstances will this dog/cat/kitten ever be abandoned, or sold, leased, or given away to any pet shop, humane society, pound, shelter, research facility, rescue group or euthanized for behavioral problems. If for any reason and at any time the Adopter cannot or does not want to keep dog/cat/kitten, the Rescuer will be notified immediately PRIOR to any disposition of said dog/cat/kitten. Rescuer then has the option to a) to take back dog/cat/kitten, or b) to help find another suitable home.** |  |
|  | Rescuer will be allowed to make follow-up phone calls and/or home visits to assure adoption was a successful match. Failure to stay in contact or refusing to stay in contact with Rescuer will be a breach of this contract and Rescuer has the right to terminate this Adoption Agreement and retrieve adopted animal. If Adopter refuses to surrender adopted animal, Rescuer will file legal action against Adopter for return of said animal and Rescuer will be entitled for reimbursement of any and all legal expenses paid out in this action. |  |
|  | By submitting this form you are certifying that all information contained above is true and correct. That you are over 18 years of age and the person responsible for making pet decisions in your family. That you are looking to adopt a pet, give it a good and loving home as a pet owner and accept full responsibility for his/her care. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| *\*\*The Adopter has read the above paragraphs and understands the terms of this Adoption Agreement -* | \_\_\_\_\_\_ | Initial |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **HBH and its representatives accept no responsibility for damage or injury caused by this animal or guarantee as to its present or future medical condition or temperament.** |  |
|  | I agree to abide by all state and local pet control laws. I understand it is my responsibility to become familiar with these laws. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Signature of Adopter:** |   | **Date** |   |  |
|  |  |  |
|  | **Signature of Rescuer:** |   | **Date** |   |  |
|  |  |  |   |   |   |   |   |   |  |   |   |  |
|  |  |  |
|  | **THIS ADOPTION WAS PROVIDED BY:** | **Rental Property:** |  |
|  | **NAME: Joni Cisney** |  | Need Landlord Verification / Lease Agreement |  |
|  | **President / Director** |  |  | **Company** |  |  |
|  | **PHONE CELL: 402-706-7313** |  | **Contact Name:** |  |  |
|  | **EMAIL: anthonyandjoni@msn.com** |  | **Phone#** |  |  |
|  |  |  |  |  |  |  | **Date Verified:** |  |   |  |
|  |  |  |  |  |  |  | **# Pet Limit** |  |  |  |
|  |  |  |  |  |  |  | **Declawed?** |   |  |  |
|  |  |  |  |  |  |  |  |  |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***Homeward Bound Use Only:*** |   |   |   |   |   |   |   |   |   |   |  |
|   | **Animal Adopting:** |  | **Age:** |  | **Sex:** |  |  |
|   | **FVRCP Dates (Distemper) #1** |  |  | **#2** |  | **#3** |  | Scheduled Date for Spay/Neuter: |   |  |
|   | **Rabies Date:** |  |  |  |   | **TAG#** |  |   | **FELUK / FIV Test** |   |  |
|   | **Heartworm Test:** **SPECIAL NOTES:** |   |  |
|   |  |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |   |  |