



Adoption Application

This form and a consultation with a CBHR representative are designed to help you find the animal most compatible with your lifestyle. Completion of this application does not guarantee the adoption of a CBHR rescue. Please respond to the questions below to the best of your ability. A representative may fill this application out with your signature.

In order to be considered an adopter:

1. You must be 18 or older.
2. Have a valid driver license or government issued identification.
3. Have the knowledge and consent of your landlord if renting.
4. Be able and willing to provide proper care, training and medical treatment.

Animal of Interest and Species

Name: _____ **BirthDate:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Secondary:** _____

E-Mail: _____

DL#: _____

Occupation: _____ **Employer:** _____

Employer Address: _____

Number of Adults in Household: _____ Children: _____ Ages of Children: _____

Are all adults aware you are adopting an animal in this agreement?: _____

Who will be the primary caregiver: _____

Anyone allergic to the specific animal in your household?: _____

Do you own or rent: _____ Type of Home: _____

Landlord's Name and Number: _____

(dog)Is there a fenced area on the property? If not, how often do you plan on taking the dog outside, any extra activities outdoors?

How would you describe the energy level in your home? Active. Moderate. Low

What Does a typical day look like in your household?: _____

Why do you want a rescue?: _____

What qualities are you looking for in your new rescue?: _____

Are there any potential behaviors you're worried about? Ex: Not getting along with dog, nibbling.:

How many hours a day will the rescue be without human companionship?: _____

Where will the dog be kept?: (Freeroam, Crate, Etc.) _____

Where will the cat be kept?: (Indoor, Outdoor, Both) _____

Do you have a cat or dog door leading outside?: _____

Will you have the dog devocalized?: _____

Will you have the cat declawed?: _____

Is this your first pet?: _____

Please Provide Veterinarian Name and Number: (If this is your first, do you agree to provide this information within the first month of adoption?) _____

If you have other animals, please fill out below:

Name/Age/Gender | Spayed/Neutered | UTD | Tested for FIV | Declawed

- By sending this application, I agree to Coming Back Home Rescue's adoption process, will undergo a homecheck, and interview at the discretion of Coming Back Home Rescue. **ALTERNATE:** I understand a representative has already come to my home for a Happy Visit and taken care of the additional steps. This does not guarantee the adoption of the feline of interest.
- By sending this application, I understand Coming Back Home Rescue will check my references including veterinary and personal.
- By sending this application, I understand there is an adoption donation associated with adoption of a pet from Coming Back Home Rescue. I understand this donation will ensure the organization is equipped to rescue another homeless pet.
- By sending this application, I understand there is no "cooling off" period, and that if I no longer want or can no longer care for my adopted pet, I agree to notify Coming Back Home Rescue. BY **EMAIL** and provide a 14 day period to allow Coming Back Home Rescue to make arrangements for my pet to be taken back into rescue.

- By sending this application, I agree to indemnify and hold harmless Coming Back Home Rescue against any losses, lawsuits, claims, injury, damages incurred by me or to any persons or property by my adopted pet, once adoption has been completed.
- By sending this application, I understand that Coming Back Home Rescue will disclose any of the pet's health or behavior issues known by the above named rescue group before adoption is completed.
- By sending this application, I understand that if I no longer want my pet, or am no longer able to care for my adopted pet, I will be directed to surrender my pet to Coming Back Home Rescue and provide transport to where Coming Back Home Rescue. deems appropriate.
- By sending this application, I verify all of the above information is true and accurate.

Representative: _____

Applicant: _____