



In helping us decide if you and the animal you have chosen are well suited for one another, please answer the following questions truthfully and to the best of your ability. If follow-up investigations after you have adopted an animal from MCAR indicates that any of your answers were false MCAR reserves the right to resume ownership of the animal and you will be liable for our costs to enforce the terms of the adoption contract.

Name of Canine/Feline you are applying to adopt: _____

Applicant's Name: _____ Date: _____

Name of other Adult(s) living in the home: _____

Physical Address: _____

Mailing Address: _____

How long have you lived at this address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Who will be responsible for the care of the dog/cat?

Please list how many children live in the home and their ages:

Is anyone in the home allergic to dogs/cats? YES NO

1. Name of employer: _____

a. How long have you been with employer: _____

2. Do you own your own home? YES NO

a. If no please provide your landlords information: _____

3. Do you currently own any pets? YES NO

4. If yes, please list Name(s), Type(s) and Age(s):

5. Are all pets in the home up to date on all vaccines and monthly preventives? YES NO

6. Have you owned pets in the past? YES NO

a. If yes, please list names, type and explain what happened to them:

- _____
7. Where will the dog/cat be at night?

8. What will you do with the dog/cat when you go on vacation: _____
9. What do you plan on doing with the dog/cat if you have to move: _____
10. How many hours a day will the dog be left alone: _____
11. Will the dog/cat be an: Inside Pet Outside Pet Inside & Outside Pet
12. What type of shelter will be available if the dog/cat will be outside?

13. For what purpose do you want to adopt this dog/cat? (Circle all that apply)
- | | | | | |
|------------|-------------|-------------------------|--------------|-----------|
| Companion | Watch Dog | Breeding | Hunting Dog | Guard Dog |
| Family Pet | Child's Pet | Companion For Other Pet | Pest control | |
14. If you do not have a veterinarian, what veterinarian will you be setting up and account with?

15. Have you ever adopted or applied to adopt from a shelter before? YES NO
a. If yes, Shelter name: _____ Location: _____
16. After you have adopted a dog/cat, will you allow a MCAR representative visit your home and inspect the animal and His/Her facilities? YES NO
17. How did you hear about our Rescue: _____
18. Are you prepared to manage the cost and care involved in keeping this companion, no matter what medical condition(s) may arise in the future? YES NO

REFERENCES:

1. May we call your veterinarian for a reference? YES NO
a. Veterinarian Office and Phone number: _____
b. **Please make sure you call your veterinarian to release client information.**
2. **PERSONAL REFERENCE #1 (NOT related):**
a. **NAME:** _____
b. **PHONE NUMBER:** _____
3. **PERSONAL REFERENCE #2 (NOT Related):**
a. **NAME:** _____
b. **PHONE NUMBER:** _____

Printed name of applicant: _____

Signature of Applicant(must be 18 or older): _____



Maine Coast Animal Rescue Adoption Contract

Adopter Information	Pet Information
Name:	Name:
Phone:	Breed/Color:
Email:	Age: MALE FEMALE

I agree that this animal has been adopted for myself and will not be sold or given to another party in any event and that Maine Coast Animal Rescue will be contacted first in the event it can not be cared for: _____ (Initial)

I agree that the animal is to live in a private residence as a companion animal and will not be allowed outdoors without proper supervision: _____ (Initial)

I agree to care for the animal in a humane manner and be a responsible guardian. This includes providing adequate food, water, shelter, attention, medical care and any training that the animal may require: _____ (Initial)

I agree that I have never been convicted of cruelty to animals at any time, and have no court orders stating that I may not adopt or care for any animals: _____ (Initial)

I agree that Maine Coast Animal Rescue may contact me at a reasonable time to check on the adopted animal: _____ (Initial)

By Signing below you are committing to annual veterinary check-ups (including rabies/dhlpp/lyme vaccinations, heartworm testing, monthly internal/external parasite control and annual fecal testing): _____ (initials)

Maine Coast Animal Rescue will require random/periodic proof of medical treatment from your vet. Please keep all medical records to provide when asked: _____ (initials)

I agree there is no guarantees about the temperament or physical condition of the animal being adopted and that Maine Coast Animal Rescue is not responsible for any damages or injuries caused by the animal in the future or any medical conditions the animal may have: _____ (Initials)

I agree that this contract never expires for the lifetime of the animal: _____ (initials)

I agree that if the contract is broken or the animal is in an unsafe environment under the opinion of Maine Coast Animal Rescue that the animal will be confiscated by Maine Coast Animal Rescue: _____ (initials)

I agree to all of the above obligations of this contract and that I have signed truthfully and lack of truth will result in a breach of contract. In the event of any breach of contract, I authorize Maine Coast Animal Rescue to confiscate the adopted animal: _____ (Initials)

ADOPTER: _____ Date: _____

MCAR Member: _____ Date: _____