

# East Coast Canine Alliance, Inc. Adoption Application and Contract



NAME of animal at time of adoption \_\_\_\_\_

Pet ownership is a serious responsibility. It is our policy to assure that each person who adopts a pet is not only aware of the responsibility, but also capable and willing to accept the responsibility morally, physically and functionally. This pet should be a part of the family! The following questionnaire has been designed to help you decide if you and your family are indeed adequately prepared to assume the type of responsible ownership we are endeavoring to question, please attach an additional sheet if needed for your responses.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Co-applicant): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Items 1-3 do NOT need to be filled out until after home visit)

1) DRIVERS LICENSE #s of adults in household:

Include

State: \_\_\_\_\_

\_\_\_\_\_

2) Last 4 digits of adults in household social security numbers:

\_\_\_\_\_

3) License plate # of car and name on registration:

Make: \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Place of Employment (Applicant):

\_\_\_\_\_

Title/Department: \_\_\_\_\_

How long have you been there? \_\_\_\_\_

Do you plan on changing jobs?  YES  NO

Business Phone: \_\_\_\_\_

Best time to reach you? \_\_\_\_\_

Place of Employment (Co-applicant):

\_\_\_\_\_

Title/Department: \_\_\_\_\_

How long have you been there? \_\_\_\_\_

Do you plan on changing jobs?  YES  NO

Business Phone: \_\_\_\_\_

Best time to reach you? \_\_\_\_\_

Name and phone number of Nearest Relative not living with you:

\_\_\_\_\_

\_\_\_\_\_

Additional phone numbers:  
Emergency contacts etc.

## QUESTIONNAIRE

List all the people who live in your home and their ages:

\_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

\_\_\_\_\_

Do you plan to move within the next year?  YES  NO



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If you move what will you do with your animal? \_\_\_\_\_

Why do you want a pet? \_\_\_\_\_

Is shedding a concern?  YES  NO Is noise a concern?  YES  NO

Indicate the energy level you are looking for in a pet:

High Energy  Medium Energy  Couch Potato  Doesn't matter

Who will be responsible for the care and cost of your new pet? \_\_\_\_\_

What other pets do you have? (Type) \_\_\_\_\_

Where do they sleep? \_\_\_\_\_

Are your pets currently sterilized? (ie Spayed or Neutered)  YES  NO

If no, please explain \_\_\_\_\_

Do you plan on having them sterilized?  YES  NO

If no, please explain \_\_\_\_\_

What is your current pets energy level? (ie high, low, medium, etc..) \_\_\_\_\_

If your other pet is a dog, is it currently on heartworm preventative?  YES  NO

Do you have a fenced-in yard?  YES  NO Fence Height \_\_\_\_\_ Type of fencing \_\_\_\_\_

Are you willing to reinforce/repair fence if needed?  YES  NO

If yard is not fenced, is there a fenced-in area nearby where you can regularly exercise your dog?  YES  NO

Describe that area and its size: \_\_\_\_\_

Are you willing to have a home visit before adoption?  YES  NO

Do you travel much?  YES  NO

\*\* If you do need to travel and cannot take your dog with you, where/with whom would you leave your dog?

\_\_\_\_\_

Under what circumstance will you have to give up your new pet?

Moving  New Baby  Divorce  Pet becomes ill  Pet behavior  Scratching  Other \_\_\_\_\_  None

If you checked behavior or other, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever rehomed one of your pets in the past?  YES  NO

If yes, please explain: \_\_\_\_\_

How do you plan to train your pet? \_\_\_\_\_

Who is responsible for training your pet? \_\_\_\_\_

How will you correct inappropriate behavior? \_\_\_\_\_



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Are you willing to spend time training the dog to deal with problems such as jumping up, barking, pulling on the leash and/or separation anxiety?  YES  NO

Are you considering taking your pet to a formal obedience class?  YES  NO

If the adoption counselor believes it is necessary, are you willing to purchase a dog crate?  YES  NO

If no please explain why not: \_\_\_\_\_

\*\*Do you understand that your new dog MUST be checked annually for heartworms and continue on monthly heartworm preventative?  YES  NO

Do you understand that your adopted pet will need periodic grooming to include: brushing coat, trimming nails, ear cleaning, and teeth cleaning?  YES  NO

\*\*Approximately how many hours will your pet be home alone? \_\_\_\_\_

Do you live in a:  House  Townhouse  Condominium  Apartment  Mobile Home

If you rent or lease, do you have permission from your landlord to have a pet?  YES  NO

\*\*Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

Where will you keep your pet during the day when you ARE home? \_\_\_\_\_

Where will you keep your pet when NOT at home? \_\_\_\_\_ At night? \_\_\_\_\_

Are you willing to keep a collar and tag bearing your name and phone number on your pet at all times?  YES  NO

If dog is not already microchipped, would you agree or are you planning on microchipping your dog?  YES  NO

\*\*If, for any reason, you are unable to keep your pet, will you agree to return it to this adoption agent?  YES  NO

Are you willing to accept immediate and full responsibility for the ownership of your adopted pet, including all health care costs and necessary burdens and responsibilities of owning a pet?  YES  NO

Adoption agent will be contacting the veterinarian(s) indicated on this application, is this okay?  YES  NO

Pets can live 12-15 years, even longer depending on the breed/size. Can you commit to caring for this period of time?  YES  NO

Please list the pets that you have owned in past five years

<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Type and Breed</i>	<i>Years in home</i>	<i>Reason for Leaving</i>
1					
2					
3					
4					



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Please complete the following section if you or your spouse is in the Military

Current Duty Station: \_\_\_\_\_  
How long have you been in the military? \_\_\_\_\_ Do you live in base housing?  YES  NO  
How long have you been stationed here? \_\_\_\_\_ How much longer will you be here? \_\_\_\_\_  
Do you have to complete a tour of duty overseas?  YES  NO  
If so, where will you be stationed? \_\_\_\_\_ When will that take place? \_\_\_\_\_  
\*\*What will you do with your pet if you are transferred state side? \_\_\_\_\_  
Did you have pets at your last duty station?  YES  NO Where are they now? \_\_\_\_\_

\*\*\*\*\*REFERENCES: All applicants, please complete the following section:

Veterinarian's Name: \_\_\_\_\_ \*\*Phone: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

NAME OF PET AND BREED SEEN AT ABOVE VET: \_\_\_\_\_

NAME ON YOUR ACCOUNT: \_\_\_\_\_ (MAY BE A MAIDEN NAME? NICKNAME?)

*If you do not have a current veterinarian, list an extra reference in its place. (please chose a veterinarian and establish your pet as a patient there !)*

*1) Please list the new veterinarian you will be using*

*2) List the name of the closest Emergency VET to your home: (its important to know location....If you do not know this information...please research and advise rescue later as to name of ER)*

*Please list two (2) personal REFERENCES that you have known for more than two years and can speak to your ability and commitment to providing to a long-term, loving home for your new pet. (PLEASE DO NOT LIST FAMILY)*

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

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone (Day): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone (Day): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_





<p>Booster shots (DHLPP-C) \$40 - \$50 (yearly)</p> <p>Rabies (can be done every 3 years) \$20</p> <p>Office Visits \$20-\$60*</p> <p>Heartworm Check \$20-50* (yearly)</p> <p>6 months Heartworm Preventative \$40-\$45*</p> <p>6 months flea preventative \$60*</p> <p>Emergency Veterinary Hospital \$50-\$100+ per visit</p> <p>Premium dog food \$40/month</p> <p>City tag \$5 -10 (yearly)</p> <p><b>* These prices are for a medium sized dog (40-60 lbs), prices do vary according to weight and vet.</b></p> <p><i>* Just ONE mosquito infected with heartworms can kill a dog. A MONTHLY heartworm pill MUST be given after a heartworm test results are negative!</i></p> <p><i>It is highly suggested to apply/administer a flea/tick preventative monthly.</i></p> <ul style="list-style-type: none"> <li><i>It is required by state law to have your pet registered within the city that you live, this can be done at city hall, at some vet offices or at a local animal control. Prices do vary depending on the city in which you reside.</i></li> <li><i>The above information is only based on our experience with animals and veterinary practices. We are not licensed veterinarians and highly suggest consulting with a vet for proper vetting and advice for your new animal. Your animal should be taken to your vet to start a health history so she/he can get to know your animal and their behavior, habits, personality, and most of all be able to detect any health concerns.</i></li> </ul>	<p>NO GUARANTEES OR WARRANTIES OF HEALTH OR TEMPERAMENT CAN BE OR ARE MADE BY ADOPTION AGENT. Adoption fees DO NOT cover the cost of caring and sheltering the animal you want to adopt. Adoption agent will not be responsible for any medical care required by an animal adopted from us. You may return for health reasons but a refund on the adoption fee WILL NOT be given unless the return occurs within the first two (2) days following the adoption and your veterinarian has advised us of a medical condition identified during the two (2) day period. We hope this <b>information doesn't discourage</b> you from adopting but reminds you that love comes with no guarantee.</p> <p>Anyone who adopts a dog from an Animal Shelter, Rescue Agency, or Humane Society is required by law <b>to have the animal sterilized if it hasn't already been done.</b> Anyone who violates this requirement is subject to civil penalties and may be required to meet their legal obligations under sections 301-796.136:1 et seq of the Code of Virginia. IF DOG IS NOT ALREADY STERILIZED I AGREE TO HAVE DOG STERILIZED WITHIN THIRTY (30) DAYS AS LONG AS SAID DOG IS OF AGE AND DEEMED HEALTHY BY A LICENSED VETERINARIAN AND PROVIDE PROOF OF STERILIZATION. IF you are not able to have your dog sterilized you must PROVIDE reason in writing from a licensed veterinarian. ALL DOGS MUST BE STERILIZED BY THE AGE OF 6 MONTHS!!!</p> <p>I agree to never turn this dog into a shelter. Instead I will hold on to dog inside in a safe and humane environment and contact a rescue representative to hopefully be able to assist in finding another home for her/him (not guaranteed). If transferring ownership of the dog is necessary or desired a rescue representative will be contacted for first right of refusal and a rescue representative will have the right, if desired, to interview prospective new owner.</p> <p>I AGREE THAT: this dog will not be used as a fighting or bait dog, this dog is not going to be used as a hunting or work dog, this dog is not being adopted to be bred or to resell dog, this dog will not be an OUTSIDE dog, proper heat and ventilation and air conditioning will be provided for dog, this dog will NOT be chained outside or left in an outside kennel, if dog is left outside for any length of time then adequate shelter, food and water will always be provided! I agree dog can be removed from my possession with no prior notice if deemed by a rescue representative that I am in breach of contract.</p>
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Name of Animal: \_\_\_\_\_

Breed if known: (could be a guess or opinion not necessarily professional, not a guarantee or sworn statement) \_\_\_\_\_

Agreed upon adoption fee: \_\_\_\_\_

Additional fees (if any): \_\_\_\_\_

Donation to RESCUE \_\_\_\_\_

TOTAL PAID \_\_\_\_\_

Paid by Check Cash Other \_\_\_\_\_

Adoption Agent Signature: \_\_\_\_\_

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

\_\_\_\_\_ *If at anytime rescue deems the dog is in danger or not being vetted or taken care of properly it is completely understood and agreed upon that any acting rescue representative sent by the acting board members has the authority to remove the dog from my possession and surrendered back to the rescue.*

### CONTRIBUTION-----?

\*\*\*\*\$\$\$\$ It is always uncomfortable asking for a donation but please consider making a contribution to help save other dogs. We have saved hundreds of dogs that have required extremely expensive surgeries, heartworm treatments, other treatments, and are never able to recoup the financial cost for the veterinary needs for numerous dogs. The majority of our rescue dogs were saved from rural shelters and required full vetting. If you are not able to contribute money to the rescue please keep in mind any type of dog supplies (crates, leashes, collars, beds, blankets, towels, bowls, toys, medications, etc) are always welcomed and appreciated.

I would like to make a contribution to the rescue in the amount of \$\_\_\_\_\_.

*Thank you for helping in saving the life of a rescue dog!!*

### Additional comments/requirements:

See next page and please sign Page if filled out

- I understand that submitting an application does NOT guarantee that I will receive approval to adopt a pet from adoption agent.
- I certify that all information on the Adoption Application is true and correct.
- I understand and agree to all of the above statements, rules, and regulations. I also agree that emailed, scanned, faxed, or texted statements, admissions, computerized signatures or any disclosures of any kind from my email or email used to transmit to the rescue representative will be accepted as legal commitment and agreement that I will be held legally responsible for this contract. An original signature is not required to hold me legally responsible to this agreement.

Now, therefore, for good and valuable consideration, the parties to the agreement agree as follows:

- Adopter agrees to indemnify and hold harmless the rescue and ANY rescue representative from any direct or consequential damages arising from this Adoption Agreement. This includes any and all manner of actions and causes of actions, suits, debts, dues, accounts, bonds, covenants, agreements, judgments, claims, and demands whatsoever arising from or relating to the adoption, placement, and /or possession of the dog.

Applicant Signature: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_

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

IF FILLING OUT APPLICATION ONLINE TO EMAIL THEN PLEASE ALSO PRINT THIS APPLICATION AFTER FILLED OUT AND SIGN APPLICATION TO PROVIDE ORIGINAL TO RESCUE.....ELECTRONIC COPIES ARE CONSIDERED LEGAL BINDING CONTRACTS BUT WE PREFER AN ORIGINAL COPY FOR OUR FILES.





**Additional comments/requirements:**

1)

I am in agreement to the \_\_\_\_ additional comments and requirements:

\_\_\_\_\_ date \_\_\_\_\_

Please circle answer:

I would like to be contacted about possibly volunteering for the rescue    YES    NO

**I would like to consider possibly "fostering" a rescue dog    YES    NO**

I would like to be contacted regarding future events    YES    NO

I would like to know how to set up a monthly contribution to the rescue    YES    NO

I would like to be sent an invitation to any gatherings of other people and their dogs that were also adopted from this rescue    YES    NO

**I would like for "doggie news" about health, alerts, training info etc. to be sent to my email    YES    NO**

At this time the best way to contact ECCA is by email    ECCArescue@yahoo.com

Fax # 757-965-5185

Gina, President/Founder 757-509-3565



Thank you from the bottom of our hearts for adopting a RESCUE dog!!!

