

PLEASE PRINT APPLICATION
AND EMAIL TO ADDRESS BELOW



ROTTWEILER RESCUE SOCIETY
admin@rottweilerrescuesociety.com

ADOPTION APPLICATION AND AGREEMENT

Name and Description of
Animal Interested in Adopting: _____

Prior to adoption of an animal, we ask that you complete this application. This information will help the Rottweiler Rescue Society achieve its goal of finding permanent, responsible, loving homes for the animals in our care and allow the rescue to better assist you in finding a pet suited to your needs.

Adopter

Name: _____, Date: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Alternate phone: _____

Email: _____

TO BE CONSIDERED FOR ADOPTION TODAY YOU NEED TO

- Be at least 21 years old.
- Have knowledge and consent of all adults living in your household.
- Have a valid photo ID.
- Have landlord consent to bring an animal onto the property.
- Understand that Rottweiler Rescue Society reserves the right to refuse adoption to anyone.
- Understand that if an animal is too young for spay/neuter you agree to have the animal spayed/neuter on this designated date _____. Failure to do so will result in immediate removal of animal.

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Why do you want to adopt this pet? _____

How many pets do you currently have in the household?

Cat(s) _____ Breed _____

Spayed/Neutered: _____ Yes _____ No, Age(s) _____

Dog(s) _____ Breed _____

Spayed/Neutered: _____ Yes _____ No, Age(s) _____

Other types: _____

Age(s) _____

Who is your current vet (need address and phone number)? _____

Have you ever adopted a pet from us before? _____

If yes what? _____

Where is this pet now? _____

Have you ever surrendered an animal to Rottweiler Rescue Society? _____

If yes why? _____

What is your housing situation: _____ Own, _____ Rent, _____ House,
_____ Condo/Townhome, _____ Mobile Home, _____ Apartment, _____ Farm.

Are you planning to move in the next six months? Yes or no (please circle)

If yes, what will you do with your pet? _____

Are their children living in the household? Yes or no (please circle)

If yes, what ages: _____

Does anyone in the household have animal allergies? Yes or no (please circle)

If yes, how do you plan to manage this issue? _____

Will this pet be kept indoors or outdoors? _____ Indoors, _____ Outdoors, _____ Both.

How will this pet be confined to your property?

_____ Will be indoors only, _____ Kennel, _____ Fenced Yard, _____ Invisible Fence, _____ Leash, _____ A tie out.

Are you familiar with animal laws in your State, County, and/or City? _____

If yes what are they? _____

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Can you afford veterinary care which includes heart worm preventative and annual vaccinations, grooming, emergency expenses, supplies and food for the lifetime of this pet? **(These expenses can often add up to hundreds of dollars each year.)** yes or no (Please circle)

All pets making the transition from shelter to a new home need time to adjust to a new family and may require housetraining and behavior training. Are you willing to provide any needed training? Yes or no (Please circle)

Information regarding the history, health and behavior of adopted animals may not be available or accurate. What behavior would you be unwilling to work with? _____

What reason might you return pet? _____

**PLEASE REVIEW THE FOLLOWING ADOPTION POLICIES AND INFORMATION.
AFTER READING EACH ITEM, YOU MUST INITIAL NEXT TO EACH ITEM.**

_____ CASH ONLY (Thanks to all of the bad checks that have been written).

_____ NO REFUND (Please think about your adoption decision carefully and thoroughly).

_____ NO HEALTH OR TEMPERAMENT GUARANTEE (These animals are strays, or abandoned, or abused.)

_____ OWNERSHIP AGREEMENT (AS THE NEW OWNER, YOU AGREE TO TAKE FULL RESPONSIBILITY FOR THE CARE AND WELL BEING OF THIS PET FOR ITS LIFETIME. ONCE THE ADOPTION IS FINALIZED, YOU WILL BE RESPONSIBLE FOR ALL MEDICAL BILLS AND DECISIONS REGARDING THIS ANIMAL.)

_____ ANIMAL RETURN POLICY (IF FOR ANY REASON YOU CAN NO LONGER KEEP OR CARE FOR THIS PET, YOU WILL RETURN PET TO ROTTWEILER RESCUE SOCIETY. NO QUESTIONS ASKED.)

PLEASE PRINT YOUR NAME, DATE AND PLACE YOUR SIGNATURE BELOW.

_____/_____
PRINT NAME HERE DATE HERE

YOUR SIGNATURE HERE