***CARE, Southcoast***111 Main St., Acushnet, MA 02743

[***www.caresouthcoast.com***](http://www.caresouthcoast.com/)

***caredogvolunteers@gmail.com***

**(508) 994- 0220**

Dog Foster/ Adoption Application

**General Information:**

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

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

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

Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What dog or what type of dog are you interested in fostering/ adopting:**

**Property Information:**

House Duplex Apartment Condo Mobile Home

I own I rent I live with a parent or guardian

If you rent, name of landlord/condominium manager:
Landlord phone:

Spouse/Roommate/Partner’s name (if applicable) Please include last name:

Names and ages of children (if applicable):

Who is the pet for?  Myself My family Relative Friend

Pet will be kept: Indoors Outdoors Both indoors and outdoors

Do you have a yard? Yes  No Is it fenced?  Yes  No

 If you have no fence, how do you plan to have your new dog relieve/exercise itself?

**History:**

Have you ever had a companion animal before? Yes No

**Please list current and other pets you have owned in the past five years:**

Type of Animal Pet’s Name M/F Spay/Neuter Age Still have? If no, why not?

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Have you ever surrendered an animal into a shelter?  Yes  No

If yes, please explain:

Have you ever had a pet euthanized? Yes No

If yes, please explain:

Who is your past or current veterinarian and who do you plan to use:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Veterinarian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list two personal, non-family member, references:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Care of Dog:**

How many hours each day will the dog be without human company?

When without human company how will the dog be kept?

 Free roaming  Tied outside Crate Other:

Do you agree to crate the dog if that is where they feel most comfortable?

Are you agreeable to having a home check done prior to adoption?

We request a donation depending on the expenses incurred in the dog’s veterinary care. For most dogs the fee is between $300.00 and $400.00. This includes spay/neuter, rabies and distemper vaccinations, microchip, heartworm testing, flea/tick medication, and deworming.

Please realize that dogs need vet care throughout their lives, including yearly boosters, heartworm and flea/tick preventatives etc. Are you capable of affording to properly take care of this dog?

\*\*I understand that CARE has limited information regarding the temperament and habits of the animals in their care. When meeting any CARE animal, I hereby waive, release, discharge, and hold harmless CARE and its agents, employees, directors, representatives and other volunteers charged or chargeable with liability, from any and all claims, damages, costs, expenses, loss of services, actions, and causes of actions, whether known or unknown, belonging to me, my heirs, agents and assigns, due to any action or occurrences or damage which arises in connection with my volunteer activities, including, but not limited to dog bites to me, my pets, members of my household or others whether or not alleged to be caused or contributed to by the **NEGLIGENCE** of CARE or its volunteers. I acknowledge the risks involved in adopting or taking custody of rescue animals or any animals due to their natural propensities.

I confirm all information, and agree to the above (all adults over 18 in the home must sign:

Signature: Date:

Signature: Date:

Signature: Date: