



## Adoption Application

Name of the animal for which you are applying: \_\_\_\_\_

How were you referred to LPL? \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

Do you live in: **HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME**

Do you: **OWN RENT** How long have you been at this address? \_\_\_\_\_

Any pet restrictions? **YES NO** If yes, what are they? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

***If renting, we will contact your landlord to ask if having animals in the home is acceptable.***

Please list 2 personal references:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Email Address</u>	<u>How long known?</u>

Please list all other pets in the home:

<u>Dog/Cat/Other</u>	<u>Breed</u>	<u>Name</u>	<u>Age</u>	<u>M/F</u>	<u>Altered?</u>	<u>How long owned?</u>

Who is the primary caretaker of all current animals? \_\_\_\_\_

Who will be the primary caretaker of your newly adopted animal? \_\_\_\_\_

Describe your yard: **NO YARD UNFENCED YARD PARTIALLY FENCED YARD COMPLETELY FENCED YARD**

Height of Fence: \_\_\_\_\_ Made of? **WOOD CHAINLINK BRICK OTHER:** \_\_\_\_\_

Do you have a regular veterinarian? **YES NO** Name of Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address of Clinic: \_\_\_\_\_

Do you or anyone in your household have allergies? **YES NO** What kind? \_\_\_\_\_

Are you able to make a long term commitment to care for your pet for its entire life span, which could be as long as 10-20 years? **YES NO**

Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? **YES NO**

Under what circumstances would you not be able to keep this pet? \_\_\_\_\_

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**LPL determines the criteria for adoption. LPL may always refuse any specific request for any reason. LPL will inform you of any medical treatments to be administered and any other restrictions or expectations we may have. You will be expected to keep the animal safe and secure.**

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Signature & Date

Return Application to:

**Little Paws of Love, Inc. by email: [littlepawsoflove@yahoo.com](mailto:littlepawsoflove@yahoo.com)**

## ANIMAL ADOPTION CONTRACT

**I understand that I am entering into a binding contract between me and Little Paws of Love, Inc. ("LPL") for adoption of a rescue animal. I have read this entire contract CAREFULLY before signing it.**

1. I agree that this animal is being adopted as a family pet. He/she will have extensive house privileges, will sleep inside the house, and will not be kept solely in the yard. I agree to provide this animal with proper food, water, shelter and necessary veterinary treatment. Initials: \_\_\_\_\_

2. I understand that LPL is not making any representations or warranties regarding the animal's health, physical condition, or age. If the animal is being treated by LPL for any illness at the time of his or her adoption, LPL will provide me with one course of the medicine that the animal is taking at that time. I understand that veterinary problems may arise with this animal, including serious illnesses requiring emergency care or surgery. Those problems are my responsibility, and I will bear all related costs and will provide the proper veterinary care to the animal in a timely manner. Initials: \_\_\_\_\_

3. If I have adopted an animal that has not yet been spayed or neutered, **I understand this operation is MANDATORY. I agree that I will be responsible for transporting the animal for the surgery to LPL's designated veterinarian on the day and time as directed by an LPL representative.** Initials: \_\_\_\_\_

4. If I have adopted a dog that is over 4 months old, a Rabies Vaccination has been administered and **I understand that I must register the animal in my name in the county in which I live.** If I have adopted an animal that is under 4 months old that will be spayed/neutered prior to 4 months old, **I understand that I am responsible for obtaining a rabies shot & registering the animal in my name in the county in which I live.** Initials: \_\_\_\_\_

4. I agree that the animal will always wear an identification tag. Initials: \_\_\_\_\_

5. I agree that LPL may make a visit at a mutually convenient time to ascertain that all of the above conditions are being satisfied. If LPL contacts me to inquire about the animal, I agree to make a good faith effort to return LPL's call as soon as possible. Initials: \_\_\_\_\_

6. If I change my address or telephone number, I will notify LPL within three (3) weeks of my new address, cell and/or home telephone number, as well as email address. Initials: \_\_\_\_\_

7. If I can no longer keep the animal, I will notify LPL IMMEDIATELY and will work with LPL to place the animal in an LPL approved home. **However, I understand that the adoption fee is non-refundable.** Initials: \_\_\_\_\_

8. I understand that LPL may reclaim the animal if, in its opinion, any of the above conditions are not being met. I understand that I will be liable for any fees and costs incurred by LPL arising out of the enforcement of this contract. Initials: \_\_\_\_\_

9. I understand that LPL is not making any representations or warranties about the animal's temperament or behavior. I acknowledge and agree that LPL is not responsible for any injury, damage, or harm caused by this animal, and I hereby release LPL from any and all liability for any injury, damage, harm, expense or liability I

incur relating to this animal. I also agree to indemnify LPL from any and all such claims and to pay, without limitation, any costs related to such injury, damage, or liability, including, in the case of litigation, any attorneys' fees incurred by LPL in its defense. Initials: \_\_\_\_\_

10. I understand that the *non-refundable adoption fee* is \$\_\_\_\_\_. Initials: \_\_\_\_\_

11. This contract is intended to be a complete statement of the understanding between LPL and me, and this contract may not be modified except in writing and signed by both parties. Initials: \_\_\_\_\_

Name\_\_\_\_\_

DRIVERS LICENSE #\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

TELEPHONE NO.\_\_\_\_\_ CELL NO.\_\_\_\_\_

LPL Officer Name & Signature\_\_\_\_\_