CENTRAL COAST HERDING DOG RESCUE

# ADOPTION APPLICATION

PLEASE NOTE: all of the information below must be supplied in order to be considered for adoption. An incomplete application may be delayed or rejected.

## DOG(S) OF INTEREST:

Name: _____

## ABOUT YOU:

| | | | |
|---|---|---|---|
| Name: | | Date of Birth: | |
| Spouse / Partner Name: | | Date of Birth *Spouse*: | |
| Home Address: | | Home Phone: | |
| City / State / Zip | | Cell Phone: | |
| Email Address: | | Work Phone: | |

Are you *check one*: ☐ Working ☐ Retired ☐ Attending School ☐ Homemaker ☐ Other

Place of Employment: _____ How Long? _____

## HOUSEHOLD INFORMATION:

| | | | |
|---|---|---|---|
| Do you own your home? | ☐ Yes ☐ No | Residence Type: | ☐ House ☐ Apartment ☐ Condo ☐ Mobile Home |
| | | Length of Time at Current Residence? | |

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**REQUIRED IF RENTING:** you must supply the actual property owner's name/phone below **AND** fill out the **Landlord Permission Form** *separate*

Landlord Name: _____ Phone Number: _____

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| Name Other Adult(s) in Home | DOB | Relationship to Adopter |
|---|---|---|
| | | |
| | | |
| | | |

| | | | |
|---|---|---|---|
| Are there children in the home? | ☐ Yes ☐ No | Age(s): | |
| Time you or another adult is usually at home *check one* | ☐ Home all day<br>☐ Out part time<br>☐ Away 7-10 hrs daily<br>☐ Other *explain* | Are any household members allergic to pets? | ☐ Yes ☐ No<br>If yes, explain who and the nature of the allergy: |

**LIFESTYLE & PREFERENCES:**

| Activity Type | Who will be responsible? | What type and how often? |
|---|---|---|
| • Training | | |
| • Exercising | | |

| | | | |
|---|---|---|---|
| How long have you been looking for a dog? | ☐ Just started<br>☐ 3 – 6 months<br>☐ 1 year + | Type of vehicle and where IN the vehicle will you transport your dog? | |
| Number of hours dog will be left alone daily? | ☐ 0 – 1 hours<br>☐ 2 – 4 hours<br>☐ 5 – 7 hours<br>☐ 8+ / Other *explain* | Where will the dog be kept when left alone? | |
| Where will your dog be kept primarily during the day? | ☐ House ☐ Garage<br>☐ Yard ☐ Other<br>☐ Crate *explain* | Where will your dog be kept at night? | ☐ House ☐ Garage<br>☐ Yard ☐ Other<br>☐ Crate *explain* |
| Do you have a fenced yard? | ☐ Yes ☐ No<br>Type of Fence: | Fence height at lowest point? | |
| Which of the following best describes your reasons for wanting this dog? | ☐ Companion<br>☐ Search & Rescue<br>☐ Guard Dog<br>☐ Agility<br>☐ Hunting<br>☐ Jogging<br>☐ Obedience Training<br>☐ Walking Buddy<br>☐ Couch Warmer | When it comes to dogs, I tend to be more: | ☐ **Strict / Demanding** Dog must learn and follow all commands<br>☐ **Moderate** Encouraging of good behavior<br>☐ **Lenient** Wishy-washy, easily coerced by dog |
| The noise / activity in my home is usually: | ☐ High<br>☐ Medium<br>☐ Low | I would enjoy brushing or grooming my dog: | ☐ Rarely ☐ Weekly<br>☐ Occasionally ☐ Monthly<br>☐ Daily |
| I would prefer a dog that: | ☐ Would enjoy walking with me on leash<br>☐ Will exercise him/herself in our yard<br>☐ Would enjoy going to the dog park<br>☐ Would run, jog or hike with me<br>☐ Requires only enough exercise to do his / her business | Dog experience: | ☐ First time owner<br>☐ Have had dogs in the past<br>☐ Experienced |

My ideal dog would:

Bad habits that I cannot tolerate are:

Under what circumstances would you **NOT** keep this dog?

## CURRENT PETS IN YOUR HOUSEHOLD:

| Type of Pet *dog, cat, etc.* | Name | Breed | Age | Sex | Spayed / Neutered |
|---|---|---|---|---|---|
| | | | | | |
| Type of Pet *dog, cat, etc.* | Name | Breed | Age | Sex | Spayed / Neutered |
| | | | | | |
| Type of Pet *dog, cat, etc.* | Name | Breed | Age | Sex | Spayed / Neutered |
| | | | | | |

Name of the Veterinarian or vet clinic you use: _____ City: _____

Who is designated as responsible for your dog(s) if you are on vacation, have an emergency, or can no longer care for your animals?

## FORMER PETS (LAST 4 YEARS):

Please provide information for all the pets you've had within the last 4 years, *not listed above*, that you no longer own:

| Type of Pet *dog, cat, etc.* | Breed | Age | Sex | Spayed / Neutered | How long owned? | What happened to him / her? |
|---|---|---|---|---|---|---|
| | | | | | | |
| Type of Pet *dog, cat, etc.* | Breed | Age | Sex | Spayed / Neutered | How long owned? | What happened to him / her? |
| | | | | | | |
| Type of Pet *dog, cat, etc.* | Breed | Age | Sex | Spayed / Neutered | How long owned? | What happened to him / her? |
| | | | | | | |

## DISCLAIMER & APPLICANT SIGNATURE:

This Voluntary Release/Waiver of Liability (the Release) is made and entered into between the undersigned and Central Coast Herding Dog Rescue (CCHDR) effective as of the below-indicated date. The undersigned desires to adopt and/or foster an animal from CCHDR, and as an inducement to CCHDR to agree to the adoption and/or foster, the undersigned hereby represents, acknowledges and agrees as Follows:

☐ I acknowledge that, due to the unpredictable nature of animals, certain risks and dangers may occur while caring for an animal, including risks of injury to person and property, and that I have voluntarily agreed to make the adoption and/ or foster contemplated herein with full knowledge of such risks and hereby voluntarily assume all of such risks.

☐ I agree that I will not make any claims against, sue or attach any property of CCHDR, its directors, officers, agents, employees and/or volunteers, including, without limitation, CCHDR, for any injury or damage caused by any animal(s) adopted or fostered from CCHDR. Any actions against CCHDR will take place in San Luis Obispo County, CA.

☐ I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to me or third parties as a result of any action or activity of any animal(s) adopted or fostered by me from CCHDR, wherever and however the same may occur which I may have against Rescue or any of its directors, officers, agents, employees or volunteers, including, without limitation, Central Coast Herding Dog Rescue, whether the same shall arise by the negligence of said persons or otherwise. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RESCUE FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR OTHERWISE.

☐ I hereby agree to hold CCHDR and its directors, officers, agents and/or employees, including, without limitation, harmless and indemnity them from and against any liability claims, judgements or expenses I may incur arising out of my adoption or foster of an animal from CCHDR and/or my ownership or care of any such animal Thereafter.

☐ I agree that in the event I can no longer provide a safe environment for the dog being adopted or fostered, I will consult with CCHDR and return the dog if requested to do so.

☐ I HAVE CAREFULLY READ THE FOREGOING, AND I UNDERSTAND THAT TOGETHER THEY CONSTITUTE A DISCLAIMER OF LIABILITY BY CCHDR AND A RELEASE OF ALL CLAIMS BY ME. I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN MY DECISION TO ADOPT OR FOSTER AN ANIMAL FROM CCHDR AND ANY RELATED ACTIVITIES. I VOLUNTARILY SIGN BELOW TO EVIDENCE MY ACCEPTANCE OF THE ABOVE PROVISIONS.

☐ If any portion of this Release is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

☐ This Release is governed by laws of the State of California applicable to agreements entered into and fully performed therein.

Name of Dog: _____

Signature: _____ Date: _____

Printed Name (Applicant): _____