

ADOPTION AGREEMENT



SECAUCUS ANIMAL SHELTER
525 Meadowland Parkway
Secaucus, NJ 07094
(201) 348-3213

Dog Application

Dog(s)/ Puppy(s) you are interested in adopting: _____

Color and description: _____

Please fill out this application completely so we can process it effectively.

When answer choices are offered, please circle all that apply.

Please read and **INITIAL** the following:

- We reserve the right to perform a home visit. _____
- We reserve the right to approve or deny any adoption for any reason and the right to not disclose the reason. _____
- You must be at least 18 years of age to apply; if you live at home parent must complete the application. _____
- The application process takes up to and can exceed 2-3 business days. _____
- The application is good for 1 year from the approval date. _____
- We offer no guarantee on breed, health, mental disposition on any adopted pets. _____
- Payment is by Cash or Check ONLY. _____
- Adoption fees are non-refundable. Once adoption is complete there are NO REFUNDS for any reason. You are responsible for the new pet in its entirety. _____
- If animal is too young to be spayed or neutered at time of adoption an additional deposit of \$150 is due and refundable once proof of spay/neutering is received. Spay/neutering must be done by date on medical sheet. _____

Personal Information

Today's Date: _____

Applicant: _____

Co-Applicant: _____

Relationship: Spouse____ Parent____ Roommate____ Partner ____
Other _____

Address: _____

City: _____ State: _____

Zip Code _____ Primary Phone#: _____

Email: _____ Alt. Phone#: _____

Driver's License: _____ State Issued:: _____

Applicant's Occupation: _____

Applicant's Employer: _____

Name of Supervisor: _____

Phone: _____

Co-Applicant's Occupation: _____

Co-Applicant's Employer: _____

Name of Supervisor: _____

Phone: _____

Prospective Pet Information

Why do you want to adopt a Dog/Puppy? Check all that apply:

Companion _____ Gift _____ Guard Dog/Protection _____ For Child _____ Other _____

Does anyone in the house have animal allergies? _____

Please list your preferences for Dog / Puppy (ex: age / sex / breed / size / personality):

In the past 30 days, have you applied for a pet in another rescue/shelter? Yes No

If yes, where? _____

Home Situation

Please list names and ages of all members of household:

Do you: Own or Rent your home? _____

How long have you lived at this address? _____

If you rent; Name of Landlord: _____

Phone: _____

Do you have a homeowners Association or a Property Management Company that manages your community area?

If yes, Name: _____ Phone: _____

Please circle all that apply:

Do you have a fenced in yard? Yes / No What type of fence? _____ Height _____

Does the fence enclose the yard? Yes / No If no, please explain. _____

If you don't have a fence, how will you let your dog out? Please check all that apply:

Leash walk _____ Tie out/leads _____ Kennel run _____ Electric Fence _____ Other _____

Where will this pet be kept during the day? Inside Outside Both

Where will this pet be kept during the night? Inside Outside Both

When the dog is home alone, how will he/she be kept? Please check all that apply:

Crate _____ Run of the house _____ Access to the back door _____ Backyard / Garage _____

Outside Kennel with Dog house _____ Other explain: _____

Do you plan on moving from your current location in the next 3 years? Yes No Unsure

Are all household members interested in adopting a Dog and are active in its adoption? Yes No

Responsibility:

How many hours will this pet be left alone on a typical work day? _____

Is anyone home during the day? _____ If yes, who? _____

Where will the Dog sleep? _____

Who will care for this pet while you are on vacation? _____

Are you willing to take responsibility for this pet for the next 10 + years? Yes No

Do you understand changing a dog's environment may cause the dog to have accidents? Yes No

Do you understand that it can take a pet several months to adjust to other pets in the house and its new home atmosphere? Yes No

What circumstances would cause you to return this animal? _____

If a behavioral problem arises, what steps will you take to correct it? _____

As part of our adoption process, we may require a home visit. Are you willing to have a

home visit? Yes / No

If no, please explain. _____

If your living situation changes, what plans do you have in place for the animal? _____

Who will be responsible for care for the animal until plans are made?

(NAME)

(PHONE #)

Current and Past Pets

Have you adopted from Secaucus Animal Shelter previously? Yes No

If yes, please list names, breeds and years adopted. _____

Do you currently own any Pets?

Breed	Age	Sex	Neutered?	How long?
_____	_____	M / F	Y / N	_____
_____	_____	M / F	Y / N	_____
_____	_____	M / F	Y / N	_____
_____	_____	M / F	Y / N	_____

If your current pet hasn't been spayed or neutered, please explain why. _____

Have you owned any PETS in the past 5 years you no longer own? Yes No

If yes, please explain: _____

Have you ever released a pet to an animal shelter or given away an animal? Yes No

If yes, what were the circumstances? _____

Have you ever had a pet euthanized for any reason other than old age? Yes No

If yes, what were the circumstances? _____

You agree to return the PET you are adopting to the Secaucus Animal Shelter if you cannot keep it. _____

INITIALS

Vet Reference

Name of veterinary/Animal Hospital for current pets: _____

Phone #: _____

In whose name are the records listed? _____

Name of Veterinarian/Animal Hospital for past pets: _____

Phone # _____

In whose name are the records listed? _____

Personal References:

List two personal references (**two non-family, known for 1 year +**) with name, phone, and relationship. It would be beneficial to have a neighbor's reference. Do not use your veterinarian as a personal reference.

1. _____ Phone: _____

2. _____ Phone: _____

Please notify your references that we will be calling, many references require permission from the applicant to release information.

Has anyone in your household ever been convicted of an animal-related charge? Yes No

Disclaimer & Release:

I have read the above information carefully and have filled out the questions honestly. I understand that omission of information and/or failure to answer all questions can result in my application being denied. I also understand the adoption decision is dependent on many factors including but not limited to compatibility of the family and home to the individual animal. Secaucus Animal Shelter reserves the right to refuse the adoption of an animal to anyone for any reason.

By signing YOUR NAME and submitting this form to the Secaucus Animal Shelter, I signify that all information given in this application is true and correct, to the best of my/our knowledge.

Also by signing this form, I authorize the release of my pet(s) medical information from the veterinarians or animal hospitals listed on this application.

Signature of Applicant: _____ Date: ____/____/____

Signature of Co-Applicant: _____ Date: ____/____/____



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ADOPTERS AGREEMENT - DOG

Secaucus Animal Shelter agrees to do the following:

- 1. Give the Adopter title to, possession, and control of the Pet as described. For so long as the ADOPTER complies with the terms of this contract.
- 2. Provide ADOPTER with any and all veterinary records available for the Pet along with current medications.

IN RETURN, THE ADOPTER AGREES TO THE FOLLOWING:

(*INITIALS REQUIRED)

- 3. ADOPTER agrees to pay a NONREFUNDABLE adoption fee.* _____
- 4. ADOPTER agrees to keep the Pet as a pet and companion and not to abandon, trade, give away or sell it; nor is the Pet to be used or sold for commercial use or research purposes. If the ADOPTER no longer desires or is unable to keep the Pet within the terms of this contract, the Pet must be returned to SECAUCUS ANIMAL SHELTER. * _____
- 5. ADOPTER agrees to provide adequate food, water, exercise, and medical care at all times; and care for the Pet in a devoted and humane manner for the remainder of its natural life. * _____
- 6. ADOPTER agrees to have the Pet examined by a licensed veterinarian at least once a year, maintain appropriate vaccinations and other preventive health and dental care, and provide copies of the Pet's care records to SECAUCUS ANIMAL SHELTER upon request. * _____
- 7. ADOPTER agrees that the Pet shall reside within the ADOPTER'S home. Dogs will not be crated for more than 8 hours and not be left in a fenced yard while ADOPTER is not home. The Pet shall NOT ride in the back of a truck or be left in a car unattended. * _____

8. ADOPTER agrees to keep the Pet under the ADOPTER'S control and not let the Pet roam freely outside of the home or fenced yard. Keeping a dog on a chain, rope, in a Pet-run or similar device is not permitted. Fatal injuries have been frequently been caused due to these types of restraints.* _____
9. ADOPTER must notify SECAUCUS ANIMAL SHELTER IMMEDIATELY if the Pet becomes lost.* _____
10. ADOPTER must update any contact information including phone and address. * _____
11. ADOPTER agrees that during the Pet's lifetime SECAUCUS ANIMAL SHELTER may visit the premises where the Pet is kept. In the judgment of the SECAUCUS ANIMAL SHELTER, if the Pet is not being adequately cared for or ADOPTER has not complied with any provision of this contract, the pet will be removed from ADOPTER. * _____
12. ADOPTER agrees to pay all costs necessary to enforce this agreement including attorneys' fees, costs of litigation, Pet recovery fees, and all medical bills to restore the Pet's health back to adoptable status. * _____
13. The ADOPTER agrees that if the pet is found running at large or is brought into a pet facility for any reason, the ADOPTER authorizes any animal care or control agency to release the Pet back, to the Secaucus Animal Shelters, hereby designated as Agent for the ADOPTER. * _____
14. ADOPTER acknowledges that the Pet is adopted "as is" and that no implied or expressed warranties have been made by SECAUCUS ANIMAL SHELTER in reference to the health, training and/or temperament of the Pet. SECAUCUS ANIMAL SHELTER shall not be held responsible for any veterinary expenses after adoption of the Pet or held liable for any misrepresentations unknown to the SECAUCUS ANIMAL SHELTER. * _____
15. ADOPTER certifies that neither ADOPTER nor anyone residing in ADOPTERS household has ever been charged with or convicted of crimes against animals or humans, including but not limited to neglect, abuse, or housing animals in unsanitary living conditions.* _____
16. ADOPTER understands that should the Pet cause personal injury or property damage after adoption, the SECAUCUS ANIMAL SHELTER shall in no way be liable in whole or part for that damage and hereby assumes and agrees to hold SECAUCUS ANIMAL SHELTER harmless from any and all liability for the Pet, or any injury or damage that may be caused by it. ADOPTER hereby waives all claims, losses, or damages which may arise after the adoption of this Pet, caused by any act or omission by SECAUCUS ANIMAL SHELTER which results in personal injury or property damage to any person by this Pet, and the ADOPTER agrees not to bring any legal action seeking any remedy against SECAUCUS ANIMAL SHELTER in connection with this agreement or in connection with personal injuries or property damage claimed to result from any act or omission by SECAUCUS ANIMAL SHELTER whether by ADOPTER or any third party.* _____

17. BY SIGNING BELOW ADOPTER CERTIFIES THAT THEY HAVE DONE ALL POSSIBLE RESEARCH, PREPARATION, AND UNDERSTANDS THE NEEDS OF CARING FOR A PET. ADOPTER HAS READ A COPY OF AND UNDERSTANDS THAT EVERY ANIMAL IS AN INDIVIDUAL AND WILL NEED TO BE CARED FOR AND RESPECTED AS AN INDIVIDUAL. ALL ANIMALS NEEDS AND CHALLENGES ARE DIFFERENT. ADOPTER UNDERSTANDS AND AGREES TO ALL TERMS OF THIS CONTRACT.

Signature of Applicant: _____ Date: ____/____/____

Signature of Co-Applicant: _____ Date: ____/____/____

Secaucus Animal Shelter : _____ Date: ____/____/____

For Shelter Use Only:

Veterinarian Reference:

Name of Vet spoken to: _____

Phone Number of Vet: _____

Staff Member making the call: _____

Acceptable Reference: Yes / No

Comments: _____

Personal References (2):

1
Name of reference: _____

Phone Number of Reference: _____

Staff Member making the call: _____

Acceptable Reference: Yes / No

Comments:

2
Name of reference: _____

Phone Number of Reference: _____

Staff Member making the call: _____

Acceptable Reference: Yes / No

Comments:

