

# Colville Valley Animal Sanctuary

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## **Adoption Application**

Name:	Phone:
Address:	Email:
Occupation:	Best time to contact:
Do you rent or own?	If you rent do you have permission to keep an animal on the property?
Landlord's name and phone number:	Do you have a fenced in yard?
How high in feet is your fence?	If no fence how will you handle your animals exercise and toilet duties?
How many people are living in the house?	Are there any visitors this new animal must get along with?
Do you have any other pets?	If so, list the sex, breed, and age of them. Also tell us if they are spayed or neutered.
Where will the new animal live (indoors or outdoors?)	List any plans for your new animal (agility, training, playing):

Do you have a regular Vet? If not where will you take the animal if it is not well?	How many dogs have you owned in the past?
How much time will the dog spend alone a day?	Do you plan on crate training the dog until it is well behaved?

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## Adoption Contract

I/we, the undersigned adopting party, understand and agree to the following terms and conditions of this contract in the acquisition of the above-described animal, hereinafter referred to as "dog":

- 1. To return the dog to the CVAS if unable to keep the dog. To never abandon the dog or surrender, sell, or give the dog to a shelter, pet dealer, or a laboratory.
- 2. To notify the CVAS if the dog is lost or stolen and to make all reasonable efforts to locate the dog.
- 3. To never allow this dog to be trained for or used for protection or as an attack dog.
- 4. To treat this dog as a family pet with affection and kindness, never subjecting this dog to abuse or cruelty.
- 5. To provide regular veterinary care, including annual shots, heartworm preventative, and parasite checks.
- 6. To always keep this dog within a fenced yard (not on a chain), on a leash, or safely within the home.
- 8. To regularly check the tightness of any collar. To affix any licenses and tags to the collar and to never leave a choke chain on the dog when not attended.
- 9. To allow CVAS to periodically check on this dog.
- 10. To contact CVAS, a veterinarian, or an obedience trainer when problems arise so that the problem may be eliminated or alleviated.
- 11. I agree to have this dog spayed or neutered before the age of 7 months and send a copy of the spay or neuter certificate to CVAS. I am aware that if I do not comply CVAS has the right to reclaim the dog and re-home the dog elsewhere.

I/we further understand and agree that:

- 1. Non-compliance with any of the above terms and conditions may result in the immediate forfeiture of the dog and that CVAS may reclaim this dog without payment of compensation to me/us. Initials: \_\_\_\_\_
- 2. CVAS has explained the typical characteristics and temperament of the dog Initials: \_\_\_\_\_
- 3. CVAS has advised me/us that the dog can sometimes dig, chew, soil, and exhibit other undesirable traits unless properly supervised, confined, and trained. Initials: \_\_\_\_\_
- 4. CVAS has advised me that this dog may have been neglected, mistreated, or abused and that special care or precautions may be required. Initials: \_\_\_\_\_
- 5. CVAS has provided me/us with the above-mentioned dog. Initials: \_\_\_\_\_
- 7. If the CVAS coordinator does not believe that the placement of this dog with me has been successful, CVAS may reclaim the dog. Initials: \_\_\_\_\_

**In consideration of the adoption of this dog, I/we agree to assume full responsibility for the conduct of this dog upon the date of this contract. I/we further agree to hold harmless CVAS, its board of directors, its officers, its volunteers, and any individuals associated with CVAS and to indemnify such organizations or individuals for any damages or costs resulting from liability, known or unknown, anticipated or unanticipated, as a result of the dog's conduct after the date of this adoption contract. I/we agree to accept responsibility for any and all future costs incurred for treatment or prevention of any illness in the dog. I/we understand that the dog may have been exposed to any infectious disease.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_