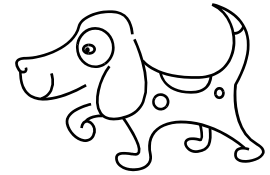




**ANDERSON ANIMAL CARE & CONTROL**  
 613 Dewey Street  
 Anderson, Indiana 46016  
 Phone: 765-648-6305 Fax: 765-648-6308  
**ANIMAL ADOPTION APPLICATION**



<b>APPROVED:</b>		<b>BY: NAME</b>	<b>DATE</b>
<b>YES</b>	<b>NO</b>		
Pet Name:		Adoption Fee:	
Employee/Volunteer Showing Pet/ Conducting Introduction:			
<b>APPLICANT INFORMATION</b>			
<b>In an effort to adopt the best animal for you and/or your family, we are requesting the following information to be completed in full. An adoption representative will be contacting you to review this as soon as possible! If you have ANY questions, please don't hesitate to ask!!! <i>Thank you for your interest in animal adoptions!!!</i></b>			
Name:		Date:	
Address:	City/State/Zip:	Email:	
Phone: Home -	Cell -	Work -	
Emergency Contact:			
Name:		Phone:	
Have you adopted from this shelter before?		If 'Yes', When?	
Yes _____ No _____			
Drivers License #:		Date of Birth:	
Have you ever surrendered a pet to this or any other shelter before? Yes _____ No _____ If 'Yes', please explain:			

<b>RECOMMENDATIONS FOR HEARTWORM /FLEA &amp; TICK PREVENTATIVE:</b>	
<p>Most people don't realize that Heartworm Disease is transmitted by a simple mosquito bite. Heartworms are fatal if left untreated and can cost over \$1,000 to treat. Preventing Heartworm Disease is much cheaper and, of course, the best thing for your pet. Products we recommend are Revolution (all in one solution), Advantage Multi (all in one solution), Sentinel (all in one solution), Front Line (flea/tick), and HeartGuard (heartworm). Flea collars do not prevent heartworms! Please see your vet for the solution that is best for your pet.</p> <p>I have read and understand the costs and time requirement associated with responsible pet ownership</p>	
<hr/> <b>SIGNATURE</b>	<hr/> <b>DATE</b>

**HOUSEHOLD INFORMATION:**

**Please tell us about your household environment to assure the animals, you and/or the safety of household members.**

1. Housing. Do you:      Own your Home \_\_\_\_\_      Own your Condo \_\_\_\_\_      Rent an Apartment \_\_\_\_\_  
                                 Rent a House \_\_\_\_\_      Live with Parents/ Relative \_\_\_\_\_  
                                 Live in a Trailer \_\_\_\_\_      Live in College \_\_\_\_\_      Live in Subsidized \_\_\_\_\_  
                                 Or mobile home \_\_\_\_\_      Fraternity/Sorority \_\_\_\_\_      Housing \_\_\_\_\_

1a. Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you lived at this address?

1b. Are you planning to move any time soon? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Your household consists of:	Adults Only _____	Live Alone _____
	Family with older children (over 10 years) _____	Family with young children (younger than 10 years old) _____

2a. There are \_\_\_\_\_ children living at this address. Their ages are:

3. The activity level in your home is:      Quiet \_\_\_\_\_      Active \_\_\_\_\_      Very Active \_\_\_\_\_

4. Do all members of your household know you plan to adopt a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is any member of your household allergic to animals?      Yes \_\_\_\_\_      No \_\_\_\_\_

6. Is this your first experience owning a pet?      Yes \_\_\_\_\_      No \_\_\_\_\_

7. Are you adopting this animal for yourself? \_\_\_\_\_ Your family \_\_\_\_\_ someone else \_\_\_\_\_

8. Please circle any and all of your reasons for wanting to adopt this pet:

Companion	Family Pet	Child's Pet	Companion for other pet	Watchdog	Mouser	Other
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9. Who will be the primary caretaker of your new pet? Name: \_\_\_\_\_

10. Do you have a fenced in yard? Yes \_\_\_\_, if so, what type? \_\_\_\_\_ No \_\_\_\_\_

11. Please circle any or all regarding how will you confine your pet to your property?

Fenced in yard	Stake in ground w/ cable	Basement	Garage	Within my residence	Crate most of the day	Cable run
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12. This pet will be:      Indoors only \_\_\_\_\_      Indoors and Outdoors \_\_\_\_\_      Outdoors only \_\_\_\_\_

13. Where will this pet be kept during the day?

14. Where will this pet be kept at night?

15. What will you do with your pet when you go on vacation?

16. My Veterinarian is: \_\_\_\_\_ Phone: \_\_\_\_\_

17. What will you do with your pet if you have to move from your current dwelling?

18. Are you aware of the costs involved and your responsibility for the veterinary care, food, heartworm & flea/tick preventative, and the housing of this animal? \_\_\_\_\_ (See attachment).

19. If adopting a dog/cat, what training methods will you use to handle potential problems like meowing and /or barking, crate training issues, chewing, scratching, housebreaking, going outside the liter box, etc.?

20. I understand that by adopting this cat/dog, I am expected to obtain the necessary training and medical care to ensure my pet is successful in his/her new home. I also understand that it can take several days, even weeks for shelter pets to transition into their new homes and that I will contact the ACAC should I have any behavioral or medical concerns that may arise. The ACAC offers a variety of resources and information to help with this transition. Initial \_\_\_\_\_

**YOUR PET HISTORY:**

Please tell us about your Pet History.

1. Please check one:

First-time pet owner:

Had pets while growing up:

Had pets all my life:

2. Please tell us about the pets you **CURRENTLY** own:

Type of Pet <i>Dog/Cat/ Other</i>	Sex <i>M/F</i>	Age	Spayed/Neutered <i>Yes/No</i>	Kept <i>Indoors or Out</i>	Vaccines Current? <i>Yes/No</i>	Years Owned?

3. Please tell us about your **PAST** Pets:

Type of animal	Died of old age	Died of illness	Ran Away	Gave Away	Gave or returned to shelter

I understand that there is a \$30.00 NON-REFUNDABLE fee to place a hold on an animal. The hold fee will go toward the adoption fee of this animal and will stay in effect until 5pm the next day. Placing a hold on an animal does not guarantee the approval of this application or the adoption.

I certify that all of the above information is true, and I understand that giving false information or leaving out pertinent information on this application is grounds for denial of the adoption. I understand that the Anderson Animal Care and Control has the right and responsibility to deny any adoption for any reason and may request a 24-hour waiting period before the adoption is approved.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

## ANDERSON ANIMAL CARE AND CONTROL

Please **READ & INITIAL** that you have read and understand the terms and conditions set forth by ACAC.

\_\_\_\_ I understand that this adoption is final and there are no exchanges or refunds unless the requirements below are met. I further understand that by signing this agreement, I am required to return this animal to the AACC if I can no longer care for or can no longer keep this animal for any reason.

\_\_\_\_ I understand that the Anderson Animal Care and Control makes NO GUARANTEES about the animal's health, age, temperament, breed or mental disposition.

\_\_\_\_ I accept this animal as is and assume all risks and responsibilities of pet ownership including but not limited to any injury or damage caused by the animal (e.g. animal bites) and any treatable medical conditions that should arise.

\_\_\_\_ I understand that this animal has not been examined by a veterinarian unless noted otherwise (see special needs) and that I am receiving a complimentary wellness exam with a Participating Veterinarian as part of my adoption package. I understand that ACAC is under no obligation to reimburse me for any medical treatment, expenses or fees incurred in connection with this animal.

### \_\_\_\_ Animals Already Spayed or Neutered:

1. I agree to take this animal to a Participating Veterinarian from the list provided by ACAC within (7) days of the adoption to redeem my complimentary wellness exam and Rabies vaccine which is required by state law.
2. I understand that the exam certificate is only valid with a Participating Veterinarian and this certificate covers only a basic health exam.
3. I understand that this certificate does not cover any additional medications, vaccinations (booster shots) or treatments this animal may need now or in the future.

### \_\_\_\_ Animals Not Yet Spayed or Neutered:

1. I understand that if the animal is not already spayed or neutered that he/she will be dropped off at the Participating Veterinarian I choose on the day noted on my release form.
2. My pet will receive a complimentary wellness exam prior to surgery and I may schedule an appointment with the Vet to redeem my complimentary Rabies vaccine which is required by State Law.
3. I understand that I am expected to pay for pre-surgical blood work for my pet if he or she is 1) estimated to be at least 5 years of age or 2) has existing medical issues that may put the animal at risk under anesthesia.
4. I understand I must contact the Veterinarian's office the day of my pet's surgery to determine when I should pick up my pet. It is possible that my pet may be kept overnight for observation. I further understand that if I do not pick up my pet by the close of business or time on the day indicated by the attending Veterinarian, and I have not contacted the Vet to make arrangements for doing so at an alternate time, that the animal will be considered "abandoned" and returned to the ACAC. The adoption will be considered null and void and no refund will be given.

\_\_\_\_ If this animal is diagnosed by a Veterinarian to have a terminal health condition, a full refund or exchange will be given up to 30 days following the adoption. Any claims for a refund must be accompanied by a written description of the animal's condition and must be signed by the attending Veterinarian.

\_\_\_\_ If this animal is diagnosed by a Veterinarian to have a costly (over \$250) or serious but treatable health condition within the seven (7) day vet visit requirement, an exchange may be made; however, no refunds will be provided. Any claims for an exchange must be accompanied by a written description of the animal's condition, the cost to treat this condition, and must be signed by the attending Veterinarian.

**Terms and Conditions of Special Breed and/or Special Needs Adoptions ONLY:**

**Special Needs Description:**

\_\_\_ I understand that I am adopting a pet with special medical needs and I assume responsibility for any and all medical treatment that might result from this illness/injury now or in the future.

\_\_\_ I understand that I am adopting a pet with special training/behavioral needs and I assume responsibility for providing the necessary training and will invest the time required to address these concerns.

**Special Breed Description:** \_\_\_\_\_

\_\_\_ I am at least 21 years of age, a requirement for adopting a “Special Breed” dog.

\_\_\_ I understand that I am adopting a pet identified by the Anderson Animal Care and Control as a “Special Breed” and that I have been counseled on the special needs, characteristics and training required for this breed.

\_\_\_ I agree to NEVER chain or tether this animal outside as this can lead to protective behavior.

\_\_\_ I have never been convicted or cited for animal cruelty nor has anyone in my household.

\_\_\_ The information I have provided regarding my living arrangements and any breed restrictions at my residence (apartment lease, homeowners association) is truthful and accurate.

\_\_\_ I understand that under no circumstances should this animal be used for dog fighting or be trained to be aggressive toward another animal or human being.

\_\_\_ I understand that some insurance companies may not cover special breeds on my homeowners or renters policy.

\_\_\_ I understand that if I cannot keep this animal for any reason that I am required to return him/her to the Anderson Animal Care and Control.

\_\_\_ I understand that a home visit may be required for a Special Breed adoption.

**Additional Comments (Staff Only):**

I have read and understand the terms and conditions of this Special Need/Breed Adoption and agree to all terms and conditions described herein.

\_\_\_\_\_  
**ADOPTER’S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ACAC REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

**ACAC TERMS AND CONDITIONS OF PET OWNERSHIP**

Please **READ & INITIAL** that you have read and understand the terms and conditions set forth by the ACAC.

\_\_\_\_ I agree to provide this animal with proper food, water and suitable living accommodations at my primary residence for so long as I shall maintain ownership. Suitable living conditions include but are not limited to:

- A. Shelter from the elements which keeps your pet cool in the summer, warm in the winter, and dry. Animals do get frost bite and heat stroke, so it is expected that special accommodations will be made to keep your pet safe and healthy during extreme weather conditions.
- B. Using a tie out or cable for your pet to have time outside to use the restroom is permitted but recommended with *supervision only*. Your pet should never be tethered for extended periods of time, especially in an area where they can get wrapped around furniture or other fixtures or potentially hang themselves (e.g. a deck).
- C. Tethering your animal must comply with Anderson City ordinances.
- D. Your pet should be safely contained on your property per the guidelines set herein.

\_\_\_\_ I agree to take this animal to a licensed vet for yearly preventative care or any other necessary medical care.

\_\_\_\_ I agree that this animal will not be used for experimental, inhumane or illegal uses (e.g. dog fighting).

\_\_\_\_ I agree to surrender ownership of this animal to an ACAC representative if the Anderson Animal Care and Control determines that the animal’s living conditions are not satisfactory, or if I am found in breach of any portion of this adoption Contract.

**Additional Comments (Staff Only):**

I have read and understand this contract and agree to all the terms and conditions of responsible pet ownership described herein.

\_\_\_\_\_  
**ADOPTER’S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ACAC REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

# Congratulations on your new pet!

As you begin the journey of pet ownership, there are a few important considerations:

1. Your new pet will need lifelong preventative medical and dental care. It is advised to establish a relationship with a local Veterinarian. Every year your pet will need an examination, vaccinations, heartworm prevention, and flea/tick prevention. These yearly visits are essential in the overall health and longevity of your pet. Pets also get sick just like we do. From ear and urinary tract infections to more serious illnesses and conditions, your pet may require additional medical care above and beyond preventative care.
2. *You should budget anywhere from \$200 to \$300 per year for healthcare and \$15 to \$20 per month for heartworm and flea prevention. This does not include food, toys, grooming, etc.*
3. You will need supplies for your new pet such as a crate, carrier, litter box, kitty litter, bed, bowls, and toys, so please plan on \$50 to \$200 to get all of your supplies.
4. Be sure to budget accordingly for pet food.
5. As you first take your pet home, it is recommended to isolate from other pets for a short acclimation period (10-14 days). Contagious diseases may be incubating and could lead to your other pets becoming ill.
6. Puppies and kittens will require additional vaccinations after adoption. The ACAC provides only the first round of vaccinations for puppies and kittens unless noted otherwise. *This means that all booster shots are the responsibility of the pet owner.* Adult dogs may require additional vaccinations based on your lifestyle and activities. Please consider that cost prior to adoption.
7. All dogs need training & exercise. Providing your new pet with proper training will be critical to their success and your happiness. Puppies leave here a blank canvas. It is YOU who will determine whether this animal will be well behaved. Almost all behavioral issues can be addressed and resolved with time and patience. If you have any concerns regarding behavioral issues with your new pet, please call our office at (765) 648-6305 or 765-278-9435.
8. We will register your pet's microchip in your name before he or she goes home. If you should ever move or change your phone number(s), YOU MUST contact the microchip company (24 Hour Pet Watch) to update your contact information. Hundreds of micro chipped animals arrive at the shelter each year but with outdated contact information. This makes it virtually impossible for us to get them back home. A simple phone call will make sure this doesn't happen to your pet!