



PERRY COUNTY ANIMAL RESCUE, Inc.
 379 Sugar Run Road, Millerstown, PA 17062
 (717) 589-3005
perrycountyanimalrescue@yahoo.com

Dog Adoption Application

The goal of Perry County Animal Rescue is to find accepting, permanent homes for the animals we rescue. The information on this form will help us to be certain that we are placing the right animal with the right family.

The Perry County Animal Rescue reserves the right to refuse adoption to anyone at any time. Please complete this application in full. Incomplete applications will be returned to the applicant.

Adoption fees for dogs under 90 lbs: \$300.00, over 90 lbs: \$350.00. Senior (65) rate for senior dogs is 1/2 price. Adoption fees for puppies (under 6 months): \$350.00 with \$50.00 refund once they are spayed/neutered. Spay/neuter must be done when the puppy reaches 6 months. Refund provided after a copy of the spay/neuter is mailed to us.
Fees applicable unless otherwise stated.

| | | |
|--------------------------|--------|-------------------|
| Today's Date: | | |
| Name of animal to adopt: | | Description: |
| Your Name: | | Co-Applicant: |
| Address: | | Address Line 2: |
| City: | State: | Zip: |
| Daytime Phone: | | Evening Phone: |
| Email: | | |
| Place of employment: | | |
| Location: | | Employment phone: |

Do you rent or own your home? Rent Own If you rent, you must provide proof that your lease agreement allows pets and you will need to provide a letter signed by your landlord stating the breed of dog you chose is a permitted breed. Can you provide this information? Yes No

Please list all of the members of your household date of birth, including yourself. Given names including middle initials.

| | | | |
|----|-----|----|-----|
| 1. | DOB | 2. | DOB |
|----|-----|----|-----|

| | | | |
|----|-----|----|-----|
| 3. | DOB | 4. | DOB |
| 5. | DOB | 6. | DOB |

Please list your current pets and their health status:

| NAME OF PET | SPECIES OF PET | AGE OF PET | SPAYED or NEUTERED? | VACCINATIONS UP TO DATE? |
|-------------|----------------|------------|---------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please provide the following information about all the pets you have owned in the past 5 years of your adult life, who are no longer with you:

| PET'S NAME | WHY IS PET NO LONGER WITH YOU? IF DECEASED, PLEASE BRIEFLY EXPLAIN CAUSE |
|------------|---|
| | |
| | |
| | |
| | |
| | |

Does everyone in your household agree that you should adopt this animal at this time? Yes No

If no, why not?

Is this pet a gift for a family member or friend? Yes No

If so, who?

Are you prepared to give this pet as much time as needed to settle in and become a part of your family? Yes No

Who is your current or past veterinarian, which will have your record for previous/current pets? **PLEASE inform them we will be calling to eliminate delays in processing your application.**

| | |
|------------------------|---------------------|
| Veterinarian Name: | |
| Veterinarian Location: | Veterinarian Phone: |

May we contact your veterinarian as a reference, and in the future, to assure this animal's health? Yes No

Do you have a fenced yard? Yes No

| |
|--|
| What kind of fence? |
| How high? |
| Is it complete? |
| If no, will you be fencing in the future? |
| If no, how will you be exercising your dog and giving it fresh air and potty time, while maintaining its safety? On a leash at all times? In a kennel or dog run? Other? |

Will the dog be allowed in the house? Yes No

| |
|---|
| How long will the dog be alone every day? |
|---|

Will it be allowed on your furniture, or in your bed? Yes No

| |
|---|
| Who will care for the dog when you are away for long periods (vacations, etc.)? |
|---|

| |
|---|
| Where will the dog be while you are at work or away for a short time? |
|---|

How will you be house-training your new dog? Yes No

How will you be obedience training your new dog: Professionally At home

Explain your methods of obedience and house-training in brief:

| |
|--|
| |
|--|

Are you aware that there is preventive treatment for heartworm? Yes No

Are you aware that there is treatment for fleas and ticks? Yes No

If yes, what products will you use to keep your dog healthy and free of parasites?

| |
|--|
| |
|--|

Are you prepared for the average monthly cost of owning a dog? Yes No

Will you keep a proper collar and an accurate identification tag on this dog at all times, along with applicable local licenses? Yes No **Once you have been approved, a dog license from your county must be purchased and available on finalization of adoption. The license may be yearly or a lifetime, since the dog is microchipped (microchip number can be supplied to you prior to your buying the license if you request it).**

What are you looking for/expecting in this pet?

How do you see this pet fitting into your life for the next 5, 10, 15 years?

Please list three references (one family member only) that we may contact to discuss your animal care experience and dedication with:

| Reference Name | Phone |
|----------------|-------|
| | |
| | |
| | |

Finally, are you prepared to love and care for this animal for its full life expectancy? Yes No

By signing this application, if the unfortunate circumstance would arise that you can no longer care for the animal you have agreed to adopt, said animal must be returned to Perry County Animal Rescue. No surrender fee will be charged nor will a refund of any kind be given. This animal may under no circumstances be given or sold to another party. Further, your signature allows Perry County Animal Rescue to visit your home semi-annually for at least the first two years after adopting the animal to ensure said animal is receiving proper care. PLEASE NOTE: Age, breed, training, temperament, health etc. are documented to the best of the Rescue's knowledge and there are no guarantees. Be aware that you and all adults in the household may be subject to a background check. By submitting this form you confirm your electronic signature is accepted and that the act of signing electronically accepts this.

Signature:

Date:

Signature of authorized PCoAR Representative:

Date:

THANK YOU FOR YOUR APPLICATION. WE WILL REVIEW IT AND RESPOND TO YOU AS QUICKLY AS POSSIBLE. PLEASE NOTE, THIS IS AN *APPLICATION ONLY*. IT DOES NOT GUARANTEE THAT YOU WILL GET THE ANIMAL YOU APPLIED FOR.