

Catoosa Citizens for Animal Care, Inc. - Adoption Application

P.O. Box 838
Ringgold, Georgia 30736
706-937-2287

Pet ownership is a major responsibility with a life long commitment to the adopted pet and should not be taken lightly. Please do not consider this questionnaire an invasion of privacy as this information is for humane society use only and is not disseminated to any other individuals, groups or agencies. CCAC, Inc. reserves the right to deny an adoption for any reason.

Please fill in the following information if you are interested in adopting a pet.
Applicant:

Name _____ Occupation _____

Street address: _____

City: _____ County: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ PLEASE PRINT

Are you willing to allow a rep. from our rescue organization to visit your home by appointment? ____ Yes ____ No

Please check any of the following reasons for adopting this pet: ____ family pet ____ child's pet ____ Watch dog
____ companion ____ guard pet for business ____ companion for other pet ____ gift ____ other

Please indicate where you live: ____ apartment ____ house ____ condo/townhouse ____ trailer/mobilehome

Do you... ____ rent home ____ own home

If you rent, do you have the landlord's permission to own a pet? ____ Yes ____ No

If you move, will your pet go with you? ____ Yes ____ No

Can you provide a permanent home for this pet for 10-15 years? ____ Yes ____ No

Number of adults in household? _____ Children? _____ Ages of children _____

Do any family members have allergies? ____ Yes ____ No

Number, type and age of pets currently in household? _____

If not already altered, agree to have the pet spayed/neutered? ____ Yes ____ No

Do you know what heartworm disease is and how to prevent it? ____ Yes ____ No

Is your current pet or was your previous pet on heartworm prevention medication? ____ Yes ____ No

What is your veterinarian's name and phone number? _____

How do you plan to prevent fleas and ticks? _____

Are you aware of Frontline or Advantage? ____ Yes ____ No

How will you keep your dog confined to your property? ____ outside in fenced area ____ outside in pet pen
____ outside on chain or tie-out ____ inside in basement ____ in the garage ____ inside free run of house ____ inside in
one room of house ____ inside in crate ; other, please

describe: _____

Where will pet be kept when left alone? _____

Are you willing to keep a collar and ID tag on all of your pets including a new pet at all times? ____ Yes ____ No

Have you ever given a pet up or had a pet for a brief period of time and it didn't work out? ____ Yes ____ No

If so, please explain the circumstances and what happened to it: _____

If you are unable to keep your pet for any reason at any time do you agree to return the pet to us? ____ Yes ____ No

Please list the names, addresses and phone numbers of 2 personal references:

Signing your name below will serve as legal signature.

PLEASE READ AND SIGN BELOW By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of rescue pet and give CCAC, Inc. the right to reclaim the animal. I authorize the release of veterinarian information related to current and past pets. Applicant must be 21 years of age or older. All rescue organizations have the right to refuse any applicant.

Signature

Date