



**Compassionate
Animal
Rescue
Efforts**
of **Dutchess County**

• Dog Adoption Application

You must be at least 18 years of age to be considered as an adopter and have the consent of all members of your household. C.A.R.E of DC reserves the right to refuse adoption to anyone.

- Name of the dog you want to adopt *

- Adopter's Name *

First & Last Name

- Co-Adopter's Name

First & Last Name

- Address *

Street Address

City

State

Zip Code

Country

- Adopter's E-mail *

Co-Adopter's E-mail *

- Phone Number *

- Co-Adopter's Phone Number *

- Current employer. * (Name, Address, Number of years employed)

- I/we live in a *

Single Family Home Duplex/Twin Condo/Townhome Trailer Apartment

- Do you rent or own this property? *

Rent Own

If you rent or you live in a condo or townhome please provide landlord or management company contact information

- Do you have a yard? *

Yes No

Yard, fenced with a vertical fence Yard, fenced with invisible fencing Yard, no fence

No yard (apartment/condo/townhome)

- If fenced, fence height is:

2' high 3' high 4' high 5' high 6' high

- Names and ages of all permanent residents of your home (adults/children) *

- Is anyone in your home allergic to dogs? *

Yes No

- How many hours per day will this dog be alone? Explain *

Where will your dog stay when no one is home? (Crate, confined area, loose in house)

- Where will your dog sleep?

- Please list all the current pets in your home. (Type, Name, Age, Gender)

- Please provide your veterinarian's name address and phone number. (Please call them and give permission to release information to us) *

- Please provide 3 personal references name, phone number and relationship. Other than family members. (If you do not have a veterinarian please list 5) *

- Have you ever returned, given away or surrendered a dog? If so, please explain. *

I agree that if I am permitted to adopt, I will have the adoptive dog checked by my own veterinarian within 7 days of said adoption, and will provide medical care, at my own expense, for any conditions previously unknown to C.A.R.E. of DC, as well as routine yearly exams for as long as I own the dog. I understand and agree that giving false information in response to any of the questions above will disqualify me from adopting a pet from C.A.R.E of DC, and will nullify all adoption(s) and/or adoption agreements between the applicant and C.A.R.E. Of DC.

Please read the above, check this box, sign, and click Submit.

I/We have read and understand all of the above.

- Applicant's Signature, Date*

Co-Applicant's Signature, Date*

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