



## Pre-Adoption Application

Welcome to Coastal Animal Rescue Effort (CARE). We are happy that you are interested in adopting a new pet from us. The following information is requested, so that we can assist you in the selection of your new pet. The application process of a form and consultation with a representative of CARE and/or Atlantic Animal Hospital, is designed to help us determine if the adoption is in the animals best interest, and to assist you in finding an animal most compatible with your lifestyle. Please fill out and give to a CARE or Atlantic Animal Hospital representative, *or mail this form to CARE, 1808 Sir Tyler Drive Wilmington, NC 28405.*

The adoption fee for a cat or dog is \$250.00. This cost includes all vaccinations up to 20 weeks of age. All puppies and kittens are available for adoption at 10 weeks of age, unless otherwise approved by the board to be released earlier. Whenever possible, they will be spayed or neutered before the adoption. If this is not possible, the spay or neuter will be scheduled as soon as possible after adoption. This service is included in the adoption fee. Each adoptive owner will also receive 10% off all products and services received at Atlantic Animal Hospital and Pet Care Resort for the first year after the adoption. *The adoption donation fee is non-refundable, but is 100% tax-deductible. Please take advantage of this deduction at tax time.*

### In order to be considered as an adopter, you must:

1. Have a veterinarian recommendation. This means we will call your vet to see if the pets you have are up to date on vaccinations, spayed or neutered, and on heartworm prevention. If you do not have a pet currently, you are still required to provide a veterinary reference.
2. You must be at least 21 years of age.
3. Dogs: must have a fenced in back yard and adequate indoor accommodations. You are not permitted to keep the dog outside for any extended periods of time or while you are not home.
4. If adopting a cat, the cat **MUST** be kept inside.
5. If you do not own your own home you must provide a written letter of consent from your landlord or a copy of your lease agreement stating that pets are permitted.
6. Must allow a scheduled home visit prior to adoption approval by the adoption committee.

Completion of this application does not guarantee adoption of a CARE pet. Each application is reviewed by the board to determine the best possible home for each and every pet.

Please print information in ink on both pages. Upon completion and return of this application, it will be submitted to the board for review. There is a 5 to 7 business day waiting period for processing of your application.

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

CARE Pet Adoption Application

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Describe in detail the type of animal you are looking for, or the give the name of a specific pet you are interested in:**

\_\_\_\_\_

**Would this be your first pet?**

\_\_\_\_\_

**What kind of pet (s) have you had in the past?**

\_\_\_\_\_

\_\_\_\_\_

**Which of these do you still have (include name, age, sex, and breed)?**

\_\_\_\_\_

\_\_\_\_\_

**Have they been spayed or neutered?**

\_\_\_\_\_

**What happened to the ones you no longer have?**

\_\_\_\_\_

\_\_\_\_\_

**If you currently have other pets, how do you think they will adjust to a new animal in the house?**

\_\_\_\_\_

**Why do you want this animal?**     Personal/family companion     Companion for other pet  
 House pet     Watch dog     Hunting dog     Personal Protection     Other

**How many adults are there in your household?** \_\_\_\_\_ **Children?** \_\_\_\_\_

Please specify ages of children: \_\_\_\_\_

**Does any member of your household have any allergies to animals?**

\_\_\_\_\_

**Which do you live in?**     House     Apartment     Condo

**Do you own or rent your home?** \_\_\_\_\_

*(If you rent, you must submit a letter from your landlord stating that pets are allowed or provide a copy of your lease.)*

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Will you keep the pet up-to-date of vaccinations? \_\_\_\_\_

Are you financially able to provide monthly heartworm prevention? \_\_\_\_\_

Who is your current veterinarian? If you do not have any pets at this time, you are still required to provide a veterinary reference for any prior animals you may have had:

Name: \_\_\_\_\_

City/town: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you move from your current residence, will you take the pet with you?  
\_\_\_\_\_

What will you do with the pet in case of a hurricane?  
\_\_\_\_\_

Are you willing to take the responsibility for this pet for the next 10-15 years?  
\_\_\_\_\_

Are you prepared to exercise this pet on a regular basis?  
\_\_\_\_\_

What type of exercise will you provide?  
\_\_\_\_\_

Where will this pet be kept during the day?  
\_\_\_\_\_

During the night?  
\_\_\_\_\_

Briefly explain why you would be a good candidate for this adoption:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree to the conditions for adoption outlined on page 1 of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

CARE Pet Adoption Application

Print Name



For CARE board use only

Date application received: \_\_\_\_\_

Reviewer Notes: \_\_\_\_\_

Veterinary Reference: \_\_\_\_\_

Home Visit: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_

Board Comments: \_\_\_\_\_