

## APA Adoption Application and Agreement

First of all, THANK YOU for adopting one of our animals. You have made an important and wonderful lifesaving choice that helps us save more at-risk lives!

### Application

Date: \_\_\_\_\_

Adoption Fees: \$75 for dogs/\$50 for cats/\$25 seniors over 60 (or indicate other \_\_\_\_\_) Paid by: \_\_\_\_\_

### Personal Information: (Please Print Clearly)

Name: \_\_\_\_\_ 18+ years or older? \_\_\_\_ Yes \_\_\_\_ No

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear of APA? \_\_\_\_\_ DL state/#: \_\_\_\_\_

### About Your Home:

Which best describes your home?    Apartment    House    Other: \_\_\_\_\_

Do you have a yard?    Yes / No    If yes, do you have a fence, and how high is it? \_\_\_\_\_

Do you: OWN / RENT?    If you rent, are pets allowed, and are you aware of any restrictions? \_\_\_\_\_

Please provide name/number of property manager: \_\_\_\_\_

Are you Active Duty Military? Yes / No. If yes, what will you do with your adopted animal if relocated? \_\_\_\_\_

### Family Members:

Please list all the people living in your household and their ages:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

If you share your dwelling, are all members of the household in agreement concerning the adoption of this animal? Yes / No

Are you or anyone in your household allergic to animals? Yes / No  
If yes, please explain: \_\_\_\_\_

ACTion Programs for Animals, P.O. Box 125, Las Cruces, NM, 88004; 575-644-0505; [www.actionprogramsforanimals.org](http://www.actionprogramsforanimals.org)

APA name of adopted animal: \_\_\_\_\_ Brief description of animal: \_\_\_\_\_

Last updated: March 15, 2014

Please list all animals living in your household and their breeds and ages:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Are all animals neutered or spayed? \_\_\_\_\_ If you have a cat, is it declawed? \_\_\_\_\_

Where do your pets reside (check which applies)? Outside only \_\_\_\_\_ Inside and Outside: \_\_\_\_\_ Inside during extreme weather: \_\_\_\_\_

Veterinarian name and telephone number: \_\_\_\_\_

Your Adopted Companion Animal:

Are you willing to accept training and transition assistance from an APA trainer/behaviorist? Yes / No

Are you familiar with the modern procedures for housebreaking (for dogs)? Yes / No

Are you aware that animals take time to get used to and be comfortable in a new home/environment and may exhibit shy, scared or unwanted behaviors that will most likely resolve when the animal has become acclimated to his/her new home? Yes / No

Can you handle the normal expenses incurred in maintaining an animal (medical, food, grooming, etc.?) Yes / No

Are you planning on taking your adopted dog on walks off-leash or to local dog parks? Yes / No

How many hours a day would the animal be left alone? \_\_\_\_\_

Have you ever had a pet before? Yes / No

If yes, list your most recent previous pets, how long you had them, and what happened to them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**Agreement (contract):**

In adopting an animal from APA, I agree to the following conditions:

1. If, for any reason and at any time during the animal’s life, I am unable or unwilling to care for him/her, I will return the animal to APA at my own expense no matter where I reside. I will not give the animal to someone else without consulting with APA so they can approve the new owner and update their records for the animal.
2. I will allow an APA representative to visit my home and the animal upon request.
3. I will provide the animal with proper food, shelter and water at all times, as well as yearly vet checkups, vaccinations and additional medical care if the need arises. I also agree to meet all of the animal’s social needs and provide daily attention and affection.
4. I will license my animal as required by law.
5. I will not euthanize the animal for behavior reasons without APA’s knowledge and advice; only euthanasia of an irreparable suffering animal is humane and acceptable.
6. I will take my animal to training classes or seek a trainer’s help if instructed by APA and will take advantage of any training and transition assistance the organization provides or suggests.
7. I will use crate training with my dog if instructed to do so by APA and will follow their advice.
8. I will only use positive-reinforcement training for my adopted animal. I will not use punishment or old-fashioned techniques (including physical punishment). I will consult with APA on any questions or needs I have in learning how to train/handle my adopted animal.
9. I will never de-bark my adopted dog or declaw my adopted cat.
10. I will notify APA promptly of any change to my address or telephone number.
11. I will notify APA immediately if my animal ever gets lost or stolen and will make every effort to recover the animal.
12. I will never allow this animal to be used for the purposes of vivisection, experimentation, dog fighting, or any other utilitarian purpose; I am adopting the animal as a companion/family pet.

I understand the above conditions and will abide by them. I understand and agree that if I do not abide by any condition of this contract or if an APA representative decides that I am no longer qualified to keep the animal and/or I am not providing humane care (as determined by the APA representative), the animal may be taken back by APA. I may be held legally accountable for any violation of this contract.

**Agreed/Accepted (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(printed name) (signature)

Existing medical conditions adopter was made aware of (which are being treated/covered by APA until resolved):

Existing behavioral concerns or issues adopter was made aware of (which they can contact APA about for assistance):