



Pulaski Animal Center Adoption Application

13 East Indian Hills Road

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Winamac, IN 46996

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Website: www.pulaskianimalcenter.com

Thank you for your interest in adopting a rescued pet from Pulaski Animal Center. The animals available for adoption often come to us as strays or from neglectful situations. In most cases, PAC does not have the health or temperament background of the animals that come into our care. All animals are examined and treated upon entry, and their health is routinely monitored while with us. The following information is required so that we can assist you in the selection of a new pet. Your honest answers to the following questions will help to ensure lasting happiness for both your family and your new pet.

I, _____ (name of applicant), agree that all statements in this application are made based on personal knowledge and are made for purposes of my application to adopt one or more animals from **Pulaski Animal Center**. Initial: _____

Pet: _____ Identification #: _____

Name: _____ Spouse/Partner's Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Type of residence (i.e. Apartment, House, Mobile Home, etc.): _____

I own my home and am permitted to bring an animal or animals into my dwelling. All adults in the home are aware of and have consented to adopting an animal from Pulaski Animal Center.

I rent my home and am permitted to bring an animal or animal(s) into my dwelling. My landlord is aware of, and has permitted to, the adoption of an animal from Pulaski Animal Center.

Landlord/Complex Name: _____

Landlord/Complex Phone Number: _____

If you rent, what are your landlord's pet restrictions (i.e. fees, species, breed, weight, etc.)? _____

Before proceeding with this application, please initial each item below. This is required to proceed with the adoption.

_____ I am 18 years of age or older and have identification showing proof of current address. Pulaski Animal Center has permission to photocopy my ID to keep on file.

_____ Pulaski Animal Center reserves the right to refuse adoption to anyone. Adoption approval or refusal decisions are made solely at the discretion of a PAC representative. Falsifying information on the application could result in disqualification from adoption.

_____ All potential adopters' homes may be screened for suitable placement of animals. By submitting this application, you give permission to PAC representatives to investigate and confirm the information you have provided.

_____ All adults in my household consent to the adoption of this pet.

_____ I give permission to my landlord, apartment complex, mobile home park, or neighborhood associations to release information concerning my pet deposit or other rules regarding pet ownership to Pulaski Animal Center.

_____ I give permission for any veterinarian providing service to me to release any medical information on any/all of my animals, past or present, to Pulaski Animal Center.

Under what first and last name are your pets registered at the veterinarian's office?

_____ Current Veterinarian: _____ Phone #: _____

Please list any other veterinarians in the last 24 months that have treated any animal you have cared for or owned.

_____ Past Veterinarian: _____ Phone #: _____

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Adopter Information

- How long have you lived at your current address? _____
- Do you plan to move in the next 12 months? _____ Yes _____ No
- Name(s) of other adult(s) in the household: _____

- Total number and ages of children in the household: _____
- Does anyone in your household have a known pet allergy? _____ Yes _____ No
- Occupation of adopter: _____ Employer: _____

Why do you want to adopt? Please check all that apply:

<input type="checkbox"/>	House Pet	<input type="checkbox"/>	Outdoor Pet	<input type="checkbox"/>	Protection
<input type="checkbox"/>	Gift	<input type="checkbox"/>	For a Child	<input type="checkbox"/>	Replace a lost pet
<input type="checkbox"/>	Companion for my pet	<input type="checkbox"/>	Companion for self	<input type="checkbox"/>	Competition

- Is anyone home during the day? How many hours will this pet be left alone during the day? _____

- Who will be the primary caregiver of this pet? _____
- Is this your first pet? _____ Yes _____ No

- Do you travel frequently? _____ Yes _____ No
- Have you considered the costs involved in adopting this animal (i.e. annual vet visits, food, toys, supplies, housing, damage to property, emergency vet bills, etc.)? _____ Yes _____ No

No pet is perfect! Please check all of the behaviors that you are **unwilling** and/or **unable** to work through:

Eliminating in the house	Pulling on the leash	Getting on counters/into trash
Aggression towards pets/family	Food/toy aggression	Vocalizing
Escaping	Destructive behavior	Jumping on people
Digging	Scratching doors/furniture	Mounting pets/family

Pet Ownership History

- Total number of pets that you currently own: _____ Cats _____ Dogs _____ Other
- Are all pets in your household current on vaccinations? _____ Yes _____ No
- Are all pets in your household current on flea/tick/heartworm prevention? _____ Yes _____ No
- Have you ever had to rehome or surrender a pet to a shelter or rescue? _____ Yes _____ No

If so, please indicate your reasoning for doing so: _____

- Do any of your current pets have any behavioral issues or animal aggression? _____

Please list all pets currently owned:

Name	Species (cat, dog, other)	Breed(s)	Gender M/F	Spayed/Neutered?	Age	Where Kept: Inside/Outside/Other?

For potential dog adopters ONLY:

- Do you understand that you will likely have to houstrain this dog? _____ Yes _____ No
 - Have you ever houstrained dogs before? _____ Yes _____ No
- If yes, what methods did you use? If no, what methods do you intend to utilize? _____

- Are you familiar with heartworms and tick-borne diseases? _____ Yes _____ No
- Do you plan to take your dog to obedience training? _____ Yes _____ No
- Do you have a fenced-in yard? _____ Yes _____ No

Type and height of fence: _____

If you do not have a fence, how do you plan to keep a dog confined to your yard?

_____ Leash _____ Dog Run _____ Chain _____ Other

If other, please describe: _____

- Where do you plan to keep this dog? _____ Indoors _____ Outdoors
- How many hours per day will the dog be kept outside? _____
- Where will the dog be kept at night? _____
- Where will you keep the dog while you are not at home? _____
- Have you ever had parvovirus in your home? _____ Yes _____ No

For potential cat adopters ONLY:

- Are you planning on declawing this cat? _____ Yes _____ No _____ Other
If yes or other, please indicate why or under what circumstances you would declaw this cat: _____

- Where do you plan to keep this cat? _____ Indoors _____ Outdoors _____ Other
If other, please indicate where you are planning to keep the cat: _____

For Pulaski Animal Center Use Only:

This application has been: Approved Denied Explanation: _____

PAC Representative Signature: _____ Date: _____

Pulaski Animal Center

Adoption Contract & Disclaimer of Liability

(Revised 10/21/2022)

By signing this document, I understand that I have certain responsibilities to the animal that I am receiving from Pulaski Animal Center (PAC). I acknowledge that I have applied to adopt and, upon application approval, will receive the animal described below. I agree to humanely care for the animal as described below.

I understand that PAC cannot, and does not, make any guarantees about the animal that I am adopting. Any observations that PAC staff or its volunteer(s) may make about the breed, health, temperament, age, or other characteristics, is merely an observation and does not constitute anything beyond a layman's short-term observation of the animal.

By signing this form, and adopting this animal, I understand that I am releasing PAC, its employee(s), its Board members, its volunteer(s), and specifically any third-party landlord or property owner from any and all possible legal action. This release includes but is not limited to: any claim, lawsuit, or demands arising from my adoption of and possession of this animal. This release also includes any and all expenses related to the animal or as a result of the animal's interaction with others.

By signing this document, I understand that I am accepting this animal with any defect(s), observable or not, and that I am responsible for this animal's care. Specifically, by signing this document, I am assuming any and all risks associated with the ownership of this animal.

I understand that I am agreeing to humanely care for this animal, which means:

1. To provide a safe home with dry, clean quarters and protection from extreme temperatures; to provide wholesome food and access to clean and fresh water daily; to ensure that the animal is treated in a humane manner at all times.
2. To have this animal's health checked by a veterinarian within ten (10) days of this adoption.
3. To continue annual vaccinations, veterinary exams, and other reasonable medical and veterinary care needed by this animal, in order to keep it healthy and comfortable for its natural lifespan.
4. To keep this animal free of parasites (i.e. fleas, ticks, intestinal worms, heartworms, etc.) by utilizing flea/tick and heartworm prevention.
5. I will notify PAC immediately if this animal is lost, stolen, or dies in the first year of adoption.
6. I will not abandon, trade, sell, relinquish, or dispose of this animal without prior written consent of PAC. If I cannot keep the animal for its entire life, I agree to offer to return the animal to PAC and pay a surrender fee. Should the animal need to be returned to PAC for any reason, within the first ten days following adoption, consideration by the PAC board may allow the adoption fee (less \$25 administration costs) to be refunded.
7. I will allow agents or officers of PAC to inspect this animal and its home at any reasonable time and, if they are not satisfied with conditions, I will relinquish ownership of this animal on demand.
8. I promise that this animal will not be used for medical research, experimental purposes, or for any purposes related to dog fighting or for any purpose that will create unreasonable risk to its health.
9. I will pay any costs incurred by PAC in recovering the animal, including attorney fees and court costs, if the matter requires such action.
10. I verify that I am 18 years of age or older and that I have read, understand, and agree to all terms of this adoption contract. I understand that I am now and forevermore responsible for all medical and other expenses generated through ownership of this animal.

By signing this contract, I hereby release and discharge Pulaski Animal Center from any liability resulting from this adoption.

Printed Name:	Phone:
Address:	
Signature:	Date:
PAC Representative Signature:	Date: