



Cameron Animal Rescue

417 Bloomfield Avenue, Montclair, NJ 07042

973-744-2052

CAHadoptions@gmail.com

Dog Adoption Application

Personal Information:

Name: _____ Date: _____

Address: _____
Street _____ Apt # _____ Town _____ State _____ Zip _____

Phone: Home: _____ Cell: _____

Email Address: _____

Please list the name of any other adults in the home:

Housing Information:

Do you currently live in a: House Condo Apartment Townhouse Other

Do you currently live with your parents? Yes No

Do you currently: Rent Own Does your landlord permit pets? Yes No

Landlord's name: _____ Phone Number: _____

Do you currently have any children living in your home? Yes (Ages) _____ No

Is anyone in the household allergic to cats? Yes No If yes, who? _____

If you move and are unable to take your pet, what will you do with it? _____

Employment Information:

Company of Employment _____

Location of employment _____

Pet Adoption History:

- Have you ever adopted a pet from a shelter or rescue before? Yes No
- Have you ever had to surrender a pet to a shelter or rescue? Yes No

If yes, please explain the circumstances: _____

Current and Past Pet Information:

Do you currently have any pets Yes No • **Please list any pets you have had in the last 10 years**

1. Name: _____ Type of Animal: _____
Gender: _____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes No Vaccines up to date? Yes No

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

2. Name: _____ Type of Animal: _____ Gender: _____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes No Vaccines up to date? Yes No

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

3. Name: _____ Type of Animal: _____ Gender: _____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes No Vaccines up to date? Yes No

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

4. Name: _____ Type of Animal: _____ Gender: _____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes No Vaccines up to date? Yes No

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

5. Name: _____ Type of Animal: _____ Gender: _____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes No Vaccines up to date? Yes No

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

6. Name: _____ Type of Animal: _____ Gender: _____

Where did you get pet / Date / Animals' age _____

Spayed/Neutered? Yes No Vaccines up to date? Yes No

Current age -or- age at death: _____ If deceased, date/year of death _____

Any major medical issues? _____

Veterinarian Information:

Do you have a veterinarian from a **current or previous pet?** Yes No

If yes, please provide the following information. **If you have used multiple vets, provide info for each:**

Hospital Name: _____

Address: _____
 Street Town State Zip

Phone: _____ Name of Veterinarian: _____

Hospital Name: _____

Address: _____
 Street Town State Zip

Phone: _____ Name of Veterinarian: _____

Hospital Name: _____

Address: _____
Street _____ Town _____ State _____ Zip _____

Phone: _____ Name of Veterinarian: _____

Please call your veterinarian's office to give them permission to speak with us.

If using a parent's or spouse's veterinarian for a reference, please provide the spouse or parent's name and their phone number so that the animal hospital can locate the records more easily:

Name: _____ Number: _____

References:

Please provide two (2) references *if you do not have a veterinarian.*

Please do not include friends or family.

Examples of acceptable references are neighbor, boss, co-worker, teacher, coach, business associate.
Please let your references know they'll be hearing from one of our representatives.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Dog Adoption Information:

Are you applying for a specific animal? _____

Why do you want to adopt a dog/puppy? _____

Do you plan to spay/neuter your dog/puppy? Yes No Maybe

How many hours will the dog/puppy be alone each day? _____ Outside each day? _____

Where will your dog stay during the day:

When you are home? _____ When you are not home? _____

Where will your dog sleep at night? _____

Do you have a fenced-in yard? Yes No What is the height of the fence? _____

Does the fence connect on all 4 sides? Yes No

How will you exercise your dog? _____

Are there any breed restrictions where you live? (If yes, please attach the exact wording to your application)

If you have a current pet -

Have they ever been around other dogs? _____ Lived with dogs? _____

How does your pet react to people or animals -

Touching their food? _____

Touching their toys? _____

Touching their bed? _____

Touching or being near you or other family members? _____

Is there anything else we should know about your current pet? _____

How did you hear about us? _____

If I adopt a dog/puppy I understand that the terms of the adoption contract I will sign are as follows:

TERMS OF ADOPTION CONTRACT

- The adoption donation is **non-refundable** and includes the following:
 - Full initial series of Bordatella, DHLPPi (distemper) (multiple vaccine series) and Rabies vaccinations
 - HLEA testing for dogs over 1 year old; 1 month of flea/tick preventive and heartworm preventive
 - Fecal testing, appropriate treatment, and prophylactic deworming
 - General bloodwork for all dogs 10+ years old
 - Other medical care as appropriate
 - Spay/Neuter
 - Microchip
 - 30 days of free pet insurance
- These **treatments must be provided by Cameron Animal Hospital**. Services rendered elsewhere are the sole responsibility of the owner.
- The **adoption donation does not include** additional pet insurance, additional testing, subsequent vaccinations, or medical care after the animal has been adopted.
- If the animal becomes ill within 14 days of adoption, you must contact Cameron Animal Hospital. Treatment coverage will be determined by the attending veterinarian upon examination. Treatment at any other hospital will not be covered.
- The **puppy/dog must be housed indoors** on a permanent basis.

- If for any reason you are no longer able to care for the puppy/dog, or must move and cannot take the puppy/dog with you, you must surrender it to Cameron Animal Hospital Rescue, which will seek to rehome it. You must not attempt to rehome the puppy/dog on your own or surrender it to another shelter.
- I understand if I violate this contract in any way or if I have not been truthful on this form, Cameron Animal Hospital Rescue reserves the right to reclaim the puppy/dog at any time. X _____
- I am at least 18 years of age. X _____

Sign: _____ Date: _____

Print Name: _____

Upon completion, please send the completed document or photos
of each page to cahadoptions@gmail.com. Thank you.