## SARG, INC. DOG ADOPTION APPLICATION / CONTRACT

**Dog Adoption Policies** 

- All current home animals must be vaccinated per your veterinarian's protocols.
- Dogs must be leashed at all times when outside unless in a fully fenced area.
- Dogs must be indoor dogs where they can be loved, participating family members.
- All animals in the home must be spayed or neutered.
- We do not adopt dogs to be used for hunting, guarding or breeding.

In filling out this application, I (we) agree to these adoption policies for dogs. Yes \_\_\_\_ No \_\_\_\_

Dog's Name	Application Date						
	Name of Co-applicant						
	City						
County State	ZIP Years at current residence:						
Primary Phone ()	Secondary Phone ()						
Work Phone ()	May we call you at work? Yes No						
Occupation:	Email Address:						
Best time to contact you for a phone in	nterview						
-	NOT in your household, in case we can't reach you:						
Name	Address						
Phone ()	Email:						
Please tell us about the members of you							
# of Men:18-2526-30	31-60Over 60						
# of Women:18-2526-30	31-60Over 60						
# of Boys: Ages:	# of Girls: Ages:						
If you do not have children, are you pro-	regnant or planning a family in the future? Yes No						
Are other children frequently in the ho	me? Yes No						
If yes: Give age range	How often? How many at once?						
2	on about your family (such as pet allergies, family members with ected by having a dog, special situations or circumstances, etc.)						
Are all household members in agreeme	ent to adopt a pet? Yes No						
Do you live in a: House Townhou	use Apartment Duplex Condominium ?						
Do you: Own Rent							
If you rent, do you have the permission	n of your landlord to have a pet? Yes No						
	Phone ( )						
	u rent:						

(We reserve the right to call and check to ensure this information is correct, or require written approval from the landlord.)

Have you had other pets in the last five years? Yes <u>No</u> If so, please fill in the following: Please list the name of your pet as it's registered at the vet's office:

Name of Pet	Gender (M/F)	Spayed/ Neutered? (Y/N)	Age	Type of Pet	Breed	What happened to the pet?		
Have you sold, g	viven away	v or surrender	ed a n	et to a shelt	er? Yes	No		
f yes, please ex		y, or surrender	cu a p					
<u> </u>	()	11	1.	• 1	1 1 1			
Nhat circumstai	nce(s) wou	Ild cause you t	o reli	iquish your	dog back i	to SARG?		
Do you have a v								
				phone numb	per, the nar	ne(s) of the pet(s) in their records, and the		
irst and last nar				Phon	- Number			
Pet Name(s)	C			Perso	n's Name	on vet records		
	urrent vet,	or do not plar	n to us			ou are applying for? Yes No this animal, please give the name and		
	-	-		Phone	Number_			
Please list all oth and the first and						, the name(s) of the pet(s) in their records,		
Vet Name			Phone	Phone Number				
Pet Name(s)				Phone Number Person's Name on vet records				
Vet Name				Phone	Number			
Pet Name(s)				Perso	Phone Number Person's Name on vet records			
Vet Name				Phone	Number			
Pet Name(s)				Perso	n's Name	on vet records		
Do we have you Please contact th						ans as references? Yes No for references.		
What heartworn What flea contro	n preventat	tive will you u will you use?	se?					

1	nces that we have permission to contact (references can	nnot be family or household
members): Name:	Phone#	
E-mail <sup>.</sup>	Best time to cor	— ntact:
Name:	Phone#	
E-mail:	Best time to cor	ntact:
that routine. Please include i	a dog. Tell us about your household's daily routine an information such as the activity level around your hou we). Also include any activities that you'd like to do w	se (quiet and laid back,
blocked-off area of house, g	you are home? (Be specific)arage, fenced yard, crate, etc.)	
	Il the dog be left alone? Monday through Friday? ht?	Weekends?
	you are gone? (Be specific)	-
	bg spend outdoors?	
Do you have a fenced yard?		
	(type, height etc)	
	ence to be secure? YesNo	
-	e repairs if necessary? Yes No	
	ercise the dog?	
Would you ever tie a dog up	outside? Yes <u>No</u> If yes, under what circums	stances?
Would you ever allow your	dog off leash? Yes No If yes, under what circu	umstances?
•••	te mistakes. Every dog requires ongoing training to tea of the family. Please explain how you plan to train a n	
	aking your dog to formal obedience training classes? Your dog?	
Are you planning to use a cr adjusting to his/her new surr	rate (portable cage) as a housebreaking and/or transitic roundings? Yes No	onal aid while your dog is
Do you realize that the cost	onger. Are you committed to caring for this dog for its of owning a dog could run between \$500- \$1000 year worm preventatives, food, toys, training, equipment, b	? (vet visits and yearly
Are you prepared	to make this kind of financial commitment to your do	

			ct the groomer for a reference? Phone:
Would you agree to a home	visit prior to adoption?	Yes No	
How did you hear about SAI	RG and/or the animal y	ou are applying to add	opt?
Animal Showing at	Poster	located at	
Referral from: Friend	VetAnima	l Shelter Pet	finder.Com Web Site
SARG Web Site	SARG Newsletter	Newspaper	Critter Magazine
Other:			
Would you like to receive en	nails regarding future e	vents and fundraisers'	? Yes No
Would you like to receive en Would you consider volunted			? Yes No

I/We understand that this application, if approved, also serves as a contract between SARG, Inc. and me/us, and that completion of the application does not guarantee that the adoption will be approved.

I/We have read and understand all the Terms and Conditions of Adoption, as indicated by my/our signature on this page as well as on the separate document explaining those Terms and Conditions. I understand that those Terms and Conditions are part of the Adoption Agreement and will be enforced. I/We attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/We attest that I/we have retained a copy of the Terms and Conditions of Adoption. I/We agree to pay the adoption fee of \$175 for a dog.

Do you affirm that the abo	ove information is true	e and accurate? Y	Yes No		
Applicant Signature			Date	2	
<b>Co-Applicant Signature</b>			Date	e	
Submit Application to:	SARG 124 Newell Lane Oak Ridge, TN 3 Phone: 865-483-	37830			
For S.A.R.G. Use Only Approved:		_			
Initials: Date Comments:	Initials:	Date	Initials:	Date	-