

**Paradise Animal Rescue, Inc.**

5380 N. Lapeer Rd.  
Columbiaville, MI 48421  
(810) 793-5683  
Fax (810) 793-5629

**Paradise Animal Rescue, Inc.**  
**Adoption Application**  
 DOG /  CAT /  Other \_\_\_\_\_

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

**Section 1: PROVISIONS OF ADOPTION**

We can only notify those who are approved for adoption. Please feel free to call us at any time regarding your application's status.

All applicants must be 18 years of age or older and provide proof of age.

Applications must be completed by the person who will be responsible for the animal and with whom the animal will be living.

All animals released from Paradise Animal Rescue have been examined by a veterinarian, been neutered/spayed, has received medical treatment for any apparent illness or injury; been tested for deadly disease such as FELV (feline leukemia) FIV (feline immunodeficiency virus) and heartworm in dogs; given a series of vaccinations to protect them from such diseases; and has been screened and treated for internal and external parasites.

Due to the change in the physical, environmental, and psychological status of the adopted animal, Paradise Animal Rescue will not be held responsible for any health and/or behavioral changes that may result in injury/damage to persons and/or property once the animal departs the supervision of Paradise Animal Rescue shelter and its staff.

It should be understood by the adoptive party that any animal adopted from Paradise Animal Rescue shelter will require time to adjust to its new environment. The length of time for this adjustment depends upon many physical, psychological, and environmental factors. *Staff at P.A.R. are available to assist with any problems.*

The adoptive party is responsible to take the adopted animal to their own veterinarian within twenty-four (24) hours to determine the overall health of the animal.

The adoptive party takes responsibility for cost and care related to being a responsible pet owner. It is essential to visit your veterinarian at least annually to maintain good health, preventative care and an appropriate vaccination schedule.

If the animal is given to a third party without Paradise Animal Rescue's knowledge, the adoptive party knowingly takes full responsibility for the provisions set forth and gives up all rights to any monetary refund, whatsoever.

**ANIMAL RETURN:** Should the animal become ill or exhibit any unwanted behavior it shall be returned to Paradise Animal Rescue within the twenty-four (24) hour period. Paradise Animal Rescue will accept the animal and request any and all veterinarian reports regarding the animal within the 24 hour period stated above. The adoptive party is responsible to report any problems to P.A.R. prior to arriving at the shelter.

The animal must be returned or arrangements for return within a twenty-four (24) hour period to qualify for a total refund. A visual inspection will be performed on the animal upon its immediate return, in the presence of the adoptive party. If the animal is returned it must be returned only by the adoptive party to qualify for any return/refund allowance.

P.A.R. is **NOT AUTOMATICALLY** obligated to accept the animal(s) back at the request of the adoptive party. Should the responsible party who adopted an animal from Paradise Animal Rescue, Inc. decide to return the animal(s) after the 24-hour allowance, certain factors are to be considered. These are, but not limited to: Available space; Overall health of the animal(s); Surrender of all current veterinary records; if P.A.R. is under a quarantine.

It should be understood that there will not be any refund, save the twenty-four (24) hour clause. If the animal(s) is/are accepted by P.A.R. the surrendering party will be required to make a donation to P.A.R. either monetary, dog/cat food, or supplies. Failure to comply will cancel the return process and any possibility of surrendering.

Paradise Animal Rescue, Inc requires at least one full business day after notification to an authorized representative of P.A.R. to consider the possibility of a return of the animal(s) in question.

I HAVE READ ALL THE ABOVE AND MY SIGNATURE IN THE CERTIFICATION SECTION OF PAGE 4 OF THIS DOCUMENT AND INTIALS BELOW INDICATE THAT I UNDERSTAND THESE CONDITIONS AND AGREE TO ABIDE BY THEM.

P.A.R. #: \_\_\_\_\_

Adoptive Party Name: \_\_\_\_\_ Initialed: \_\_\_\_\_

**PLEASE FILL IN ALL BLANKS TO BETTER SERVE YOU AND EXPEDITE YOUR REQUEST.**

**Section 2: ADOPTIVE PARTY INFORMATION**

*Please Print Clearly All Information*

**Adoptive Party Name:** \_\_\_\_\_ D.O.B. \_\_-\_\_-\_\_ Driver's License #: \_\_-\_\_-\_\_-\_\_-\_\_-\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Have you ever been convicted of a felony?  Yes /  No Explain: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **Other Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**E-mail** \_\_\_\_\_

How long at this address? \_\_\_\_\_  Own  Rent  House  Apartment  Condo  Townhouse

If you rent, does your Landlord allow pets?  Yes /  No Is there a size requirement? \_\_\_\_\_

What if the Landlord will not allow pets? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Do you have a fenced-in yard?  Yes /  No Dog house?  Yes /  No

If your yard is not fenced, how do you plan to let your dog out to relieve himself and/or exercise?  
 Kennel  Leash  Tie out  Invisible Fence  Other \_\_\_\_\_



How many people live in your house? \_\_\_\_\_ No. of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Is there anyone in the family who is or may be allergic? Dog:  Yes /  No Cat:  Yes /  No

Has everyone in your household been informed of your plan to adopt an animal? \_\_\_\_\_ Are all in agreement? \_\_\_\_\_



**Your Veterinarian:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please provide at least two (2) personal references:

Name	Telephone	Relationship
Reference 1: _____	(____) ____-____	_____
Reference 2: _____	(____) ____-____	_____

**Section 3: ADOPTIVE PARTY QUESTIONARE & HISTORY**

How did you find out about Paradise Animal Rescue Shelter? \_\_\_\_\_

Would you object to someone from Paradise Animal Rescue Shelter visiting your home and checking on your pet? \_\_\_\_\_

Please check the following reasons why you would like to adopt an animal from Paradise Animal Rescue:

- Family Pet  Child's Pet  Gift  Hunting  
 Breeding  Companionship  Protection  Other \_\_\_\_\_

Is the animal for you or for someone else? \_\_\_\_\_ Explain \_\_\_\_\_

Who will assume responsibility for care (food, water, vet care, grooming and training) for this pet? \_\_\_\_\_

What do you like most about owning a cat/dog? \_\_\_\_\_

What do you like least about owning a cat/dog? \_\_\_\_\_

How long have you been looking for a cat/dog? \_\_\_\_\_

How many hours a day will this pet be left alone? \_\_\_\_\_

Where will this pet be when you are not home? \_\_\_\_\_

Where will your pet be when you go on vacation? \_\_\_\_\_

What will happen to this pet if you move? \_\_\_\_\_

For what reason, if any, would you consider giving up your pet? \_\_\_\_\_

Are you familiar with training techniques and appropriate discipline methods?  Yes /  No

How would you handle destructive behavior?

...inappropriate chewing? \_\_\_\_\_

...excessive barking? \_\_\_\_\_

...house soiling, housebreaking, not using litter box? \_\_\_\_\_

...too rough playing? \_\_\_\_\_

...digging, scratching? \_\_\_\_\_

Would you consider asking for help with these issues?  Yes /  No

Would you consider enrolling in training classes or receiving training/counseling for your new pet?  Yes /  No

How do you feel about *Crate Training*? \_\_\_\_\_

Have you owned other pets in the past five (5) years?  Yes /  No If so, please describe them and where they are now:

Do you presently own any other pets? \_\_\_\_\_ If so, please provide the following information:

Type (cat, dog)	Breed	Sex	Age	Spay / Neuter	Vaccinations	Illnesses

Where do your pets currently live?  Inside  Outside  Both  Other \_\_\_\_\_

Where do your pets sleep? \_\_\_\_\_

Where will your new pet live?  Inside  Outside  Both  Other \_\_\_\_\_

Where will your new pet sleep? \_\_\_\_\_

**Section 4: ADOPTION ANIMAL INFORMATION**

Adopted Animal Name: \_\_\_\_\_ Gender: \_\_\_\_ Breed \_\_\_\_\_

Description/Coloring/Distinctive Markings: \_\_\_\_\_

Scars/Injuries: \_\_\_\_\_

Photo of animal on record?  Yes /  No Known history as best can be reported: \_\_\_\_\_

At time of adoption, Inspected by Paradise Animal Rescue Shelter representative: \_\_\_\_\_

Shots/Vaccinations Adoptive Party responsible for:  Rabies Due Date: \_\_-\_\_-\_\_  All additional future shots

Documents to be included with this adoption:

- Spay/Neuter Certificate
- Rabies Certificate
- Health Certificate
- Animal Record
- Canine / Feline Description & Health Record
- Other: \_\_\_\_\_, \_\_\_\_\_

Cost to Adoptive Person \$ \_\_\_\_\_.

Payment Method: \_\_\_\_\_

**Section 5: CERTIFICATION**

**I certify that** I have read and agree to abide to the provisions stated on page 1; that a visual inspection has been performed on the animal in my presence prior to its removal from Paradise Animal Rescue Shelter; and that all information I have provided is true to the best of my knowledge and not misleading in any way.

Print Name clearly \_\_\_\_\_

Signature of Adoptive Party \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature must be in the presence of an authorized PAR staff member*

P.A.R. Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
*(P.A.R. Authorized Staff Only)*

Would you recommend Paradise Animal Rescue Shelter to your friends/family? Yes / No

*Paradise Animal Rescue, its Board of Directors and Volunteer Staff wish to THANK YOU for adopting an animal from our shelter and wish you the best for a long and happy future together.*

**Adoption Application  
For Office Use Only**

Filing Date: \_\_-\_\_-\_\_ P.A.R. # \_\_\_\_\_

Approved  Declined Date: \_\_-\_\_-\_\_ By: \_\_\_\_\_  
*Adoption Screening Manager Signature*

Approved  Declined Date: \_\_-\_\_-\_\_ By: \_\_\_\_\_  
*Director Signature*

Reason: \_\_\_\_\_

Cost: \$ \_\_\_\_\_.\_\_\_\_ Pick up Date: \_\_-\_\_-\_\_

Check List Completed: Yes / No By \_\_\_\_\_ Dated \_\_\_\_\_  
*P.A.R. Staff Member*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow up: \_\_\_\_\_

\_\_\_\_\_