



Welcome to the Coppell Humane Society (CHS). Thank you for your interest in adopting a rescued pet. The animal's welfare is our foremost consideration. This consultation process is designed to help our adoption counselors to assist you in finding an animal most compatible with your lifestyle and to determine if the adoption is in the animal's best interest.

DOG ADOPTION

Date: _____

In order to be considered as an adopter today, you must:

Dog #: _____

- Be 18 years of age or older
- Live in the D/FW area
- Have identification showing your present address
- Willing to provide a vet reference for animals currently in your care and for the last five years
- Have the knowledge and consent of your landlord if renting or leasing (verification will be done)
- Be able and willing to spend the time and money necessary to provide medical attention and proper care for your new pet

Dog Name: _____

Name: _____	Spouse/Partner's Name: _____
Address: _____	Home Phone: _____
City/State/Zip: _____	Work Phone: _____
Email Address: _____	Cell Phone: _____
TX DL #: _____	Employer: _____

Please initial each item below. This is required to proceed with an adoption.

I understand that:

_____ CHS reserves the right to refuse adoption or placement to anyone. Adoption approval or refusal decisions are made solely at the discretion of CHS. Falsifying information on the application will result in disqualification from adoption.

_____ All potential adopters/foster homes may be screened for suitable placement of animals. By submitting this application, I give permission for CHS to investigate and confirm the information that I provide. I agree that this information can be shared with other humane societies or rescue groups.

_____ I give permission for a CHS representative to visit my home prior to adoption to do a home check and after adoption to do follow-up checks on my adopted pet if requested.

_____ I understand the animal may not be able to go home with me today pending vet check, home visit, application information verification, or medical treatments that the animal may still require.

_____ I, _____ (print name), hereby give permission to my landlord, apartment complex, mobile home park or neighborhood associations to release information to CHS concerning my pet deposit or other rules regarding pet ownership.

My Landlord/Apt. Complex's Name: _____ Phone #: _____

_____ I, _____ (print name), hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to CHS.

_____ My current veterinarian is _____, located at _____

and can be reached at (_____) _____

I understand the above information, and agree to the requirements CHS has in the adoption process.

Signature **Date**

HUMANE SOCIETY OF COPPELL, INC.
DOG ADOPTION / FOSTER CARE APPLICATION

Please complete both pages and the attached contract. Then, give it to a CHS volunteer, or fax all 5 pages to us at 469-645-1337

Adopter / Foster Information

Your Name: _____

Today's Date: _____ I am applying to Foster, or Adopt Conditional? Yes No

Conditional Terms: _____ Trial Expiration Date: _____

Is your home a: House / Apartment / Mobile Home

Do You: Own / Rent or Lease

Renter Info:	Does your landlord require a pet deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Much? \$ _____
	Does your landlord set a weight limit for pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lb. Wt. Limit _____
	Do you currently have a Pet Deposit held by your landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the pet deposit per household or per animal?	_____	

How long at current address? _____ Yrs., _____ Mos.

Do you plan to move in the next 12 months? Yes No

Total number of individuals in household: _____

Ages of children in household: _____

Do all of the adults in your household consent to the adoption / fostering of this dog? Yes No

Does anyone in your household have known allergies to: Cats Yes No // Dogs Yes No

Why do you want a dog? House pet / Outdoor pet / Guard dog / Watch dog / Gift / Companion for child or other pet?

Do you have preferences as to breed, sex, size, etc.? Please specify: _____

How many hours per day will this dog be: Inside? _____ Outside? _____ Crated? _____

Do you have a fenced yard? Yes No Type of fence: Wood / Chain Link / Other: _____ Height? _____ ft.

How many hours will this pet be home alone during the day? _____ at night? _____

Where will this pet be kept while you are away from home? _____

If you had to move, what would you do with this dog? _____

How will you keep your dog confined? On leash / in house / fenced yard / dog run / chain / crate / other _____

How will you transport this dog? _____

If you have cats, have they been exposed to dogs before? Yes No

Is this your 1st experience with a pet? Yes No

Have you considered the costs involved in adopting a pet (food, vet care, housing, damage to property)? Yes No

Do you realize you will likely have to houstrain this dog? Yes No Have you houstrained dogs before? Yes No

If yes, what houstraining method was used? _____

How much time will you allow for this animal to become houstrained? _____

Do you plan to take your dog to obedience training? Yes No Maybe If yes will you attend too? Yes No Maybe

Are you familiar with heartworm disease? Yes No

If you have or had dogs, are/were they on heartworm preventative? Yes No What kind? _____

Please check all behaviors that you are unwilling or unable to work through.

- | | | |
|---|---|--|
| <input type="checkbox"/> Eliminating in the house | <input type="checkbox"/> Digging | <input type="checkbox"/> Destructive behavior or chewing |
| <input type="checkbox"/> Escaping | <input type="checkbox"/> Barking | <input type="checkbox"/> Rowdy or hyper behavior |
| <input type="checkbox"/> Aggression towards cats | <input type="checkbox"/> Aggression toward dogs | <input type="checkbox"/> Aggression toward children |
| <input type="checkbox"/> Mouthiness / Nipping | <input type="checkbox"/> Jumping on people | <input type="checkbox"/> Scratching on doors |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Food Aggression | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Getting on furniture | <input type="checkbox"/> Pulling on leash when trying to walk | <input type="checkbox"/> None of the Above |

Pet Ownership History:

Other vets you have used within the past 5 years (include city, state & phone #): _____

Total number of pets you currently own: _____ # of Dogs: _____ # of Cats: _____ # Other: _____

Are all pets in your household current on their vaccinations? Yes No

Are any dogs in your household diagnosed with or have been diagnosed with diseases such as:

Heartworm disease Yes No Canine Distemper Yes No Parvo Virus Yes No

Please list all pets currently owned

Name	Species	Breed/Description	Sex	Spayed/Neutered?	Inside/Outside/Both?	Age

List all pets owned within the past 5 years not currently owned. (include deceased, lost, stolen, sold, or given away):

Name	Species	Breed/Description	Sex	Spayed/Neutered?	Inside/Outside/Both?	Age

By submitting this application, I confirm that all information in this application is correct and complete and I acknowledge that I have read, understand and agree to all the terms and conditions of the adoption contract (pages 4 & 5). I authorize my landlord, veterinarian and any other parties contacted to release information confirming this application to CHS for verification. Failure to provide accurate information will forfeit my adoption fee and revert ownership of this animal to CHS. Your signature will be required at the time you meet with a CHS representative.

Potential Adopters and Foster Caregivers are screened for suitability. CHS reserves the right to refuse placement of an animal for any reason. Animals may be removed from unsuitable homes at any time based upon the discretion of the CHS Board of Directors.

Adopter/Foster Caregiver Signature: _____ Date: _____

HUMANE SOCIETY OF COPPELL, INC.

DOG - ADOPTION CONTRACT AND DISCLAIMER OF LIABILITY

Your Name: _____ Date: _____

I am applying to adopt foster CHS Dog ID#: _____ Dog Name: _____

Please complete the above, then print out these pages and bring with you when you meet with a CHS adoption counselor. *Read and initial* each section at the time of your meeting. This is a **legally binding contract**. Please consult with your adoption counselor if you do not understand any portion of this contract.

	I agree to provide the pet daily food and fresh water, shelter from extreme temperature and weather conditions, veterinary care to prevent and treat disease, illness, and injury. I also agree to keep the pet free of parasites (such as fleas, ticks, worms, etc.). I will ensure that it is treated in a humane manner at all times.
	I attest that I am not obtaining this animal for use in any kind of experimentation or for the sale to any agency that experiments on animals.
	Coppell Humane Society does not necessarily know the nature of the animal or its characteristics, and gives no warranties, expressed or implied, of temperament or fitness. I confirm that I have been provided information on the pet's current health status, noting any known pre-existing conditions. I understand that the pet is delivered "as is." I understand that the pet should be isolated for a period of time from my own pets, to the extent possible, in the event that it has been exposed to any type of illness.
	If I should decide, for whatever reasons, that I cannot continue to care for the pet, I will notify Coppell Humane Society immediately. I WILL NOT turn it over to an animal shelter or have it destroyed. I understand that Coppell Humane Society, at its discretion, will place the animal with another caregiver as soon as possible after receiving any notification.
	I understand that Coppell Humane Society has transferred ownership of this pet to me based on the information provided in my Adoption/Foster Care Application. The pet is not to be given or sold to another individual, institution, or organization without the express written permission of Coppell Humane Society. The pet is not to be placed in an environment functionally different than the one described in my Adoption/Foster Care Application.
	I relieve Coppell Humane Society of all liability and responsibility for damage or injury to persons, property or other animals caused directly or indirectly by the pet.
	I agree to keep a collar and an identification tag on the pet at all times.
	I understand that this pet has social and emotional needs, as well as physical ones. I am prepared and able to devote time and attention to the pet to meet those needs.
	I agree to notify Coppell Humane Society if the pet is lost or dies.
	I grant permission to Coppell Humane Society to verify information provided in my Adoption/Foster Care Application, including, but not limited to, payment of required pet deposits and verification of veterinary care.
	I understand that it is the responsibility of the new pet owner to see that the animal complies with all health regulations and other applicable ordinances. This includes, but is not limited, to vaccinations to prevent rabies and local pet licensing laws.
	I understand that there is a monetary cost associated with pet ownership. In addition to routine vaccinations and screening tests, pets may need veterinary care for treatment of illness or injury. Other costs may include charges for obedience training, pet deposits required by landlords, special devices or equipment, such as fences, and damage to personal property. I attest that I am both financially able and willing to accept full responsibility for the pet.

	I confirm that I am making a long-term commitment to the ownership of this pet. Coppell Humane Society has informed me of the animal's estimated current age, and I understand the life expectancy of the pet <u>may</u> exceed 20 years. I understand that changes in my life-style or family composition do not relieve me of my responsibility to the pet.
	I understand that Coppell Humane Society cannot predict the behavior of this pet in his new home. Failure of the pet to meet my expectations does not relieve me of my responsibility to the pet. I understand that consistent, humane training can help the pet adapt to his new home and alter certain behaviors.
	I understand that children are not fully capable of caring for a pet and that primary responsibility of the pet rests on the adult adopter. I will provide appropriate supervision and instruction on proper handling of pets to children in my household.
	I agree to present the pet and the pet's Health Record provided me in the Pet Owner's Manual to a full-service veterinarian for examination within thirty (30) days.
	I understand that Coppell Humane Society discourages transporting animals in open vehicles unless the animal is confined in a crate. I understand that transporting uncrated animals in an open pickup bed is unlawful in Texas.
	I understand that Coppell Humane Society strongly recommends crate and obedience training for all dogs.
	I confirm that I am adopting the pet as a personal companion, that it will reside at my primary residence, and that I am not acquiring this pet solely for use as a guard animal or for rodent control.
	I understand that failure to comply with any of the conditions in this agreement constitutes just cause for Coppell Humane Society to revoke the adoption arrangement, and to remove said animal from my ownership and care, at which time full ownership of the pet will revert back to Coppell Humane Society.
	Other special conditions of adoption:

Adopter Signature: _____ Date: _____

CHS Representative: _____ Date: _____

FOR CHS USE ONLY

CHS Number: _____ Dog Name: _____ Dog DOB: _____

Sex: M F Color: _____ Breed/Description: _____

VSA given? FOR: Exam DHLPPC Vac Deworm Bordatella Vac. Rabies HW Test Spay/Neuter Exp_____

Other: _____

ID Tag # _____ Pet Owner Manual provided? Adoption Policy explained?
 Pet History completed? Application & Contract signed

Payment Information

Check # _____ Adoption Fee: \$ _____ Donation: \$ _____ Total Paid: _____
 Cash

CHS Adoption Counselor: _____ Application reviewed by _____

Adoption Counselor initial if: Approved _____ Declined _____

Notes: _____

* * * * *

Date: / / Lost Died Seized Returned Reason: _____