

# SOMERSET COUNTY DOG CONTROL

## PET ADOPTION APPLICATION

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ADOPTEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESS IF LESS THAN 2 YRS.: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

HOUSING INFORMATION:  Rent/ Own

DO YOU CURRENTLY OWN OR HAVE YOU OWNED ANY PETS:  YES/ NO

(If no skip this section)

# OF DOGS: \_\_\_\_\_ # OF CATS: \_\_\_\_\_ # OF OTHER: \_\_\_\_\_

PLEASE LIST NAME AND SEX OF EACH ANIMAL YOU CURRENTLY OWN:

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CURRENT VET: \_\_\_\_\_

PREVIOUS VET: \_\_\_\_\_

### **PLEASE LIST 2 PERSONAL REFERENCES (NO RELATIVES!!)**

- NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_
- NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

### **ANIMAL INFORMATION**

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ SEX:  MALE/ FEMALE

APPROXIMATE AGE: \_\_\_\_\_ INCOMING STATUS:  STRAY / OWNED  NAME: \_\_\_\_\_

**IMPORTANT!! PLEASE READ AND INITIAL EACH BEFORE SIGNING!!!**

1. I hereby acknowledge receiving the above described animal.
2. I agree to provide proper nutritious food, adequate water, proper shelter, kind and humane treatment at all times.
3. I agree to take the animal to the veterinarian for examinations and immunizations as needed; and to procure immediate veterinary care, at my own expense, should the animal become ill or injured.
4. I agree to license the above said animal in compliance with all laws and ordinances of the community, town, city, county, and state which I reside.
5. I understand that the agents from Somerset County Dog Control have the right to inspect my premises at any time where the above named animal is to be kept.
6. The above said animal must be vaccinated against rabies by the due date on the animals' certificate.
7. Somerset County Dog Control reserves the right to remove the above said animal if at any time the animal is found to be chained outside at any time.
8. I agree the above mentioned animal will be spayed/neutered at my expense by a date agreed upon by myself and Somerset County Dog Control.
9. I agree that if I am no longer able to care for the above mentioned animal I must return the animal to Somerset County Dog Control for placement.
10. Failure to comply with any of the above will result in immediate removal of the adopted animal.
11. I understand that Somerset County Dog Control cannot guarantee the health or training of the above described animal, and hereby agree to release Somerset County Dog Control and any agency of Somerset County from all liability and responsibilities once the above described animal is in my possession.
12. I have read the terms and conditions set forth and completely understand and accept the obligations.

ADOPTION FEE: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

BANK NAME: \_\_\_\_\_

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SIGNATURE OF ADOPTER

DATE

SIGNATURE OF WARDEN

DATE