501c3 Organization

Adoptive Parent(s) Agreement/Foster to Adopt Agreement

I, (adoptive parent(s) name): _____

agree to provide care from this day forward to my new pet _____(Pet's Name). This includes adequate food, water, exercise, shelter, veterinary care and a lot of love appropriate for the size and energy level of the pet. The pet will be kept in the house and NOT tethered outside when I/we are not home.

I agree never to sell, trade, or surrender the pet to any agency without giving prior notice to FBAR-NC. I agree that FBAR will have the first option of reclaiming the pet.

I agree that the adoption donation (300.00 dollars)** is non-refundable and there is no reimbursement if the adoption does not work out. **All adoption donations are due at the end of the one-week trial if it is mutually agreed that the pup will be adopted.**

Adoption fee includes: Up to Date on Core Vaccines, Lepto, Bordetella, Microchipped, Vetted, spay/neutered and on Prevention under our care

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I agree (if adopting a puppy under 6 months old) that s/he will be spay/neutered by: 4-6 months of age. All puppies, unless otherwise medically warranted (requires proof of documentation from a licensed, practicing vet) will be altered no later than 6 months of age.

I agree to post picture updates on FBAR FB page OR send to freedombridgeanimalrescuenc@gmail.com on the progress of the animal on occasion.

I agree that all expenses incurred after I take possession of the pet will be my sole responsibility and FBAR-NC is released of any and all liabilities whether financially or other.

I understand this pet was rescued from (name of shelter-**Rescue** to fill in) _____

I hereby understand that FBAR-NC has obtained this animal from the shelter stated above and may have no prior information of age, breed, health issues, training, registration or other. Any information shared by FBAR-NC is of own experience or that provided from the shelter obtained and makes no warranties of any kind concerning the pet.

Adoptive parent(s)_____

Date:

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Preliminary adoption application Animal's Name_____

This questionnaire must be completed by anyone interested in adopting a pet from Freedom Bridge Animal Rescue NC (FBAR-NC). We, at FBAR-NC, work to place our animals into permanent, responsible homes, while matching the pet to you and your family and lifestyle. NOTE: THE PROVIDING OF FALSE INFORMATION HEREIN WILL RESULT IN THE FORFITURE OF ADOPTION FEES AND ANY ANIMALS ADOPTED. **We reserve the right to refuse any adoption based on poor or incomplete vet history. FBAR-NC MUST be notified of any animal adopted by this organization should there not be a match or circumstances arise where the adopter is unable to continue appropriate level of care for the animal. The adopter CANNOT re-home the animal prior to talking to a member of the FBAR-NC team.**

Name: _____ Date: _____

Address:_____

(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Email: _____

1. How long have you lived at the above address? _____(yrs./mos)

*If less than 2 years please provide previous address

_____

(Street) (City) (State) (Zip)

2. What type of pet are you looking for? ☐ Dog ☐ Cat ☐ Puppy ☐ Kitten

3. Please indicate the reason for adopting a pet (check all that apply):

☐ Family Pet ☐ Child's Pet ☐ Guard Dog ☐ Watchdog

☐ Barn Mouser ☐ Companion for pet ☐ Companion ☐ Other

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4. Are you or your spouse currently employed? ☐ Yes ☐ No If no, please explain

Name, address and telephone number of my employer (or business if self-employed):

Business Name_____Phone #_____

Address:_____My position_____

Time employed (yrs/months):_____

City_____State:_____Zip Code_____

**IF you are adopting a puppy, please note how you will manage potty training if working full time:

_____

5. Are you 21 years of age or older? ☐ Yes ☐ No

6. Are you interested in adopting for ◯ Yourself ◯ Family ◯ Some Else?_____

7. Do you live in a: ◯ Home ◯ Apartment ◯ Condo ◯ Mobile Home ◯ Duplex

8. Do you own your home? ☐ Yes ☐ No. If No, does your lease allow pets ☐ Yes ☐ No

If Yes to lease allows pets, does your lease have breed restrictions ☐ Yes ☐ No

If Yes on breed restriction, what breeds _____

**If you own your home and you decide to move, what would you do with your animal_____

9. How many people live in your home under the age of 18? _____

10. Was this adoption a mutually agreed upon decision by all eligible members of the house?

☐ yes ☐ no *If no, was s/he intended to be assistive in the care of the animal? _____

11. What are the ages of any children in your home? _____

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12. Does any member of the household have allergies? _____

13. Who will be responsible for caring for the pet? _____

14. Have you had any experience housebreaking or training a dog? ☐ Yes ☐ No.

15. What methods did you use or are you planning to use for housebreaking/training?

16. If adopting a cat/kitten or puppy/dog: How will you manage the potential chewing or destructive behavior?

17. Have you ever adopted an animal from another rescue or shelter? ☐ Yes ☐ No

If yes, which facility or rescue_____

Where is the animal(s) now?_____

18. How many pets have you owned in the past five years? Dogs_____Cats_____

Others_____

Where are the pet (s) now (please be specific)

19. Have you ever had to give up one of your pets ☐ Yes ☐ No
**If Yes, please describe the circumstances and where did it go?

20. Has any animal died of a preventable disease on your property? (e.g.: distemper, parvo, etc.)
☐ Yes ☐ No *If Yes, please provide history

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21. Do you currently own a pet? ☐ Yes ☐ No

IF no, have you owned a pet in the last 5 years that is no longer living? ☐ Yes ☐ No (please list vet(s) used)

If Yes, please list pets breed/name/shots/neuter status:

Name	Age	Sex M/F	Breed	Dog/Cat/other	Neutered Y/N	UTD on Shots Y/N	HW Preventive Y/N	Vet Name and Phone #

*IF ANY NOs IN COLUMNS 4-6 PLEASE PROVIDE EXPLANATION:

22. Do you have a fenced in yard? ☐ Yes ☐ No If No, how are you planning on securing the animal when outside for play or bathroom?

**If yes how tall_____ Constructed of_____

23: Will your new pet live: ◯ Indoors ◯ Outdoors ◯ Both

24. Where will your pet sleep? _____

25. Would you object to an authorized representative of FBAR-NC doing a home inspection prior to finalizing any adoption? ☐ Yes ☐ No

I authorize a representative of FBAR to contact the veterinarian office named above to confirm the care and management of my pets. ☐ Yes ☐ No

***FOSTER TO ADOPT CIRCUMSTANCES (As Applicable): ◯ Yes ◯ NA

There may be times where a dog may not be ready for full adoption (e.g. not altered yet or requiring further medical care) yet does have a permanent future home. In the event this is the case, the following stipulations must be met during the ongoing fostering period:

1. ANY AND ALL VET VISITS MUST BE PRE-APPROVED BY A MEMBER OF FBAR-NC PRIOR TO SCHEDULING A VISIT. SHOULD THERE BE A NEED FOR AN EMERGENCY VISIT, A MEMBER OF FBAR-NC MUST BE NOTIFIED PRIOR TO OR IN TRANSIT TO THE EMERGENCY VET/URGENT VET CARE.
2. THE COST OF VISITS NOT PRE-APPROVED (EXCEPT IN EMERGENCY SITUATIONS) BY A FBAR-NC MEMBER WILL BE ADDED TO THE ADOPTION DONATION AT THE TIME OF RELEASE OF THE DOG.

At times it is easy to forget that the dog has not officially transferred ownership when s/he is a foster to adopt, however please note, that until the dog has been released for adoption, s/he remains our responsibility and under our medical care.

Initials here acknowledge reading and understanding the above for foster to adopt circumstances:_____

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ACKNOWLEDGEMENT AND
AGREEMENT
(Read and acknowledge by checking all that apply to you)

_____ I will walk my dog and/or assure s/he gets sufficient exercise. Lack of exercise and/or attention can lead to unwanted behaviors

_____ I will not tie out, chain or put zip line on any dog under my care

_____ I will not at any time, allow my animal to run loose without supervision

_____ I will provide monthly heartworm and flea/tick preventative EVERY month for the life of my dog

_____ I understand that heartworm medication and flea/tick should be prescribed by a vet although if accurate weight able to be obtained, may order online.

_____ I understand that animals need yearly vaccinations which includes annual Rabies vaccination (unless obtained 3 year vaccine) and that I will assure my animal is always up to date on shots

_____ I understand that the **LAW** requires rabies vaccinations to be current on all animals

_____ This adoption group has made known to you, vaccines, spay/neuter and health history of this animal. This adoption group will supply me with a copy of the animal's health record if I am approved adopter

_____ I understand that I MUST provide flea prevention for any animals to ensure proper health

_____ Any pup, deemed of age for heartworm testing by our vet, will have a 4DX sent out. *Results will be disclosed to the current adopter. Any pup testing positive for Heartworm disease, while under the care of Freedom Bridge Animal Rescue-NC, will be treated by the rescue until repeat test confirms successful conversion.*

*****Any pup testing negative on exam has the potential to test POSITVE after adoption, depending upon when the pup was exposed to a mosquito infected with the disease. The likelihood, although rare, does exist up to six months after bite.******

By initialing, I acknowledge this timeline and agree that Freedom Bridge Animal Rescue NC is not responsible or liable for post-adoption heartworm treatment.

**I understand that by filling out and signing this form, I agree to release and covenant to hold harmless Freedom Bridge Animal Rescue-NC and its members from any liabilities or damages that may be incurred while the dog is under the foster care of Freedom Bridge Animal Rescue-NC awaiting clearance for full adoption readiness.

Thank You

Please return completed and signed application to: freedombridgeanimalrescuenc@gmail.com

**Any dog requiring further medical treatment based on a known issue (eg: HW, needing altered) remains under the care and possession of FBAR until full adoption has occurred. Foster to adopt does NOT presume ownership.

Signature: _____ Date:_____

Approved: ☐ Yes ☐ No