



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.

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 first option of reclaiming the pet.

I agree that the adoption donation (275.00 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, Microchipped, Vetted, Altered and on Prevention under our care

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 a 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:



501 c3 Organization

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



510 c3 Corporation

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? _____



501c3 Organization

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



501c3 Organization

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	BREED	NEUTERED Y/N	UTD ON SHOTS Y/N	HW PREVENTATIVE Y/N	Vet (name and contact info)

*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: _____



**510c3 Organization
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 on line.

_____ 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

_____ **I will NOT abandon this animal, give this animal to another person, sell on Craigslist (or any other sites) or rehome this animal, take to a shelter or sell/give to a laboratory**

_____ I will return this animal, with their medical records, to freedombridgeanimalrescueNC if unable to care for this animal for ANY reason. Sufficient notice to obtain a foster must be provided.

_____ I understand that I have been advised that any dog I adopt should have formal training at my own expense and does not hold Freedom Bridge Animal Rescue-NC liable should I choose not to obtain a trainer.

**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