



## Adoptive Parent(s) 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. I agree that FBAR will have first option of reclaiming the pet.

I agree that the adoption fee (275.00 dollars)\*\* is non-refundable and there is no reimbursement if the adoption does not work out unless agreed upon by FBAR in terms listed below: All adoption fees are due within a week of the dog being transferred as full adoption.

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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 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](mailto: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 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 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 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: \_\_\_\_\_



Preliminary adoption application

Animal's Name \_\_\_\_\_

This questionnaire must be completed by anyone interested in adopting a pet from FreedomBridgeAnimalRescue (FBAR). We, at FBAR, 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. ANY animal adopted from FBAR MUST be returned to FBAR 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 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

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(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



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? \_\_\_\_\_

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?

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

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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) \_\_\_\_\_

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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? \_\_\_\_\_

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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 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:

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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 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



## ACKNOWLEDGEMENT AND AGREEMENT

**(Read and acknowledge by initialing 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 preventative EVERY month for the life of my dog

\_\_\_\_\_ I understand that heartworm medication can only be dispensed by a Veterinarian

\_\_\_\_\_ I understand that animals need yearly vaccinations which includes annual Rabies vaccination 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 freedombridgeanimalrescue if unable to care for this animal for ANY reason. Sufficient notice to obtain a foster must be provided.

Thank You

Please return completed and signed application to: [freedombridgeanimalrescuenc@gmail.com](mailto: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.

Approved:

\_\_\_Yes

\_\_\_No