



DOG ADOPTION APPLICATION

Name of dog(s) interested in _____

Name _____
 Driver's Lic. # _____
 State _____ Date of Birth _____
 Address _____
 City _____ State _____ Zip _____
 Mobile # _____ Home # _____
 Email _____

LIVING ARRANGEMENTS

- Housing** Own Rent Live with parents
- Type** House Condo/Apt Mobile Home Other

If **renting**, do you have your landlord's permission to keep a pet? Yes No
 May we contact your landlord? Yes No
 Landlord name _____ Landlord phone # _____

- How long have you been in this residence? # of Years _____ # of Months _____
- Would you ever consider moving into a home that didn't allow pets? Yes No
- # of Adults in your household? _____ Ages? _____ # of Children? _____ Ages? _____
- Is everyone in the household in favor of adopting a cat? Yes No
- List other pets currently residing at the above address (species; age) _____

- Please list all pets who have lived with you in the past 10 years _____
- Where will the dog(s) be kept? Indoors only Outdoors only Free roam (in/out) Garage/Other
- Do you have a pet door? Yes No
- Are your windows, screens, and doors securely in place to the prevent cat from getting out? Yes No

- Where will your dog(s) sleep at night? _____
- Where will your dog(s) be kept while everyone is away from home? _____

Who are you adopting this pet for? Self Spouse Children Other pet Gift Other
 Why are you adopting this pet? _____
 What type of personality are you looking for? _____

TO BE COMPLETED BY LBSN			
NAME	KITTEN <input type="checkbox"/> CAT <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>	_____
DESCRIPTION			
MC # _____ MC Registered <input type="checkbox"/>			
2 nd FVRCP DUE _____		RECEIVED <input type="checkbox"/> _____	
3 rd FVRCP DUE _____		RECEIVED <input type="checkbox"/> _____	
NAME	KITTEN <input type="checkbox"/> CAT <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>	_____
DESCRIPTION			
MC # _____ MC Registered <input type="checkbox"/>			
2 nd FVRCP DUE _____		RECEIVED <input type="checkbox"/> _____	
3 rd FVRCP DUE _____		RECEIVED <input type="checkbox"/> _____	
FOSTER			
PAYMENT DATE			
ADOPTION DATE			
AMOUNT PAID			
PAYMENT METHOD CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VENMO <input type="checkbox"/> OTHER <input type="checkbox"/>			

ADOPTER DETAILS

- 14. Who will be the person ultimately responsible for this new pet? _____
- 15. Occupation _____ Employer _____
- 16. Work # _____ Work Hours _____
- 17. How many hours per day will your dog(s) have human company? 8-10 6-8 <5
- 18. How often do you travel? _____
- 19. Who will care for the dog(s) while you're away? _____

PET OWNERSHIP EXPERIENCE & EXPECTATIONS

- 20. Have you ever had a dog or puppy? Yes No
- 21. How long ago did you have a dog? _____
- 22. How old was/is the dog? _____
- 23. Where is the dog now? Deceased Lost Gave away Still have Other _____
- 24. If deceased, what age did the dog pass? _____ What did the dog pass from? _____
- 25. Have you ever had to give up a pet? Yes No
- 26. If yes, please explain why and what happened to the pet. _____

Who is your pet's current or recent veterinarian? _____	
Vet Phone _____	Vet Address _____

- 27. Is anyone in your household allergic to dogs? Yes No
- 28. If anyone in your household is, or becomes allergic what will you do? _____
- 29. How often do you plan to feed your dog? _____
- 30. What type of food will you feed your dog? _____
- 31. Do you plan to place a collar & name tag on this pet? Yes No
- 32. Will you take your dog(s) for annual veterinary check-ups? Yes No
- 33. Are you willing to work on possible problems, e.g., barking, leash pulling, potty training, chewing, etc.) Yes No
- 34. What do you consider acceptable reasons to give up a pet? _____

Do you have a relative/close friend who would adopt the pet if you became incapable of taking care of it? <input type="radio"/> Yes <input type="radio"/> No	
Name of relative/friend _____	Phone # _____

- Would you object to a home visit? Yes No
- Are you open to us visiting the pet once it's settled in your home? Yes No
- Would you be willing to send photos, videos, and an update once the cat/kittens are settled in their new home? Yes No
- Does LBSN have your permission to share these photos and videos on Facebook/Instagram? Yes No

Print Name _____

Signature _____

Date _____

Long Beach Spay & Neuter Adoption Agreement

TERMS OF ADOPTION between Long Beach Spay & Neuter, herein known as "LBSN" and the Adopter whose signature is affixed below;
PLEASE READ CAREFULLY.

1. I am willing to pay an adoption fee.
2. I am at least 18 years of age.
3. I understand that I am adopting a living animal and that this is a lifetime commitment. Dogs can **live up to 15 years** if taken care of properly.
4. Research shows that wet food is healthier than dry food. I am committed to providing wet food as the primary food source for this pet.
5. I will ensure my home is safe for my new pet; making sure windows, screens, and doors are securely in place to prevent the dog from falling/getting out.
6. I understand that LBSN **will not allow** people who intend to declaw their dog(s) to adopt.
7. I agree to treat my adopted dog(s) with love and respect and to provide adequate and wholesome food, fresh water, and adequate and clean shelter for the life of my dog(s).
8. I agree to provide – at my own expense – regular veterinary care including annual exams, future vaccinations, de-worming and flea treatments, and any other veterinary treatment necessary for the life and well-being of the dog(s). **If I cannot provide for the dog(s) any longer, I agree to contact LBSN regarding rehoming.**
9. I agree to abide by all state and local laws and ordinances related to keeping/taking care of dog(s), including those related to preventing animals from roaming and becoming a nuisance.
10. **It is expressly understood that the dog(s) I am adopting from LBSN will NOT be sold, traded, given away or abandoned for any reason. If I cannot provide for the cat(s) any longer, I agree to contact LBSN regarding rehoming.**
11. All adoption applications will be thoroughly reviewed after submission. LBSN reserves the right to decline an application without explanation. This approval process may take a few days.
12. I am in full agreement with the LBSN Terms of Adoption.

Any violation of this contract shall void this agreement between LBSN and the adopter, and will require the return of the cat(s) to LBSN.

THE ABOVE IS A LEGAL AND BINDING CONTRACT. BY SIGNING BELOW, ADOPTER AGREES TO COMPLY WITH EACH AND EVERY ONE OF THE TERMS LISTED ABOVE.

Print Name

Signature Date

Thank you for Completing this Application

Release: By submitting this document you are stating that all the information given herein is accurate and complete and that you are hereby giving your consent for Long Beach Spay & Neuter Foundation to verify any and all information. The completion of this form does not entitle you to any guarantees or rights. LBSN will not be held liable in any way for any animal, or its actions, once the animal has been placed. Please send completed applications to adoptions@lbsn.org or print it out and bring it with you to adoption events.