



Driver's License #: _____
Volunteer: Please provide photo or copy of
Driver's License.

Beare Garden Plantation Animal Rescue 1164 Hwy 258-N, Snow Hill, NC 28580 252-531-0453

Pre-Adoption Application. COMPLETE ALL FOUR PAGES AND ALL AREAS

DONATION RECEIVED? \$ _____ CC. _____ CASH. _____ CHECK _____ PAYPAL

___ OTHER _____

Animal Name / Description _____

Why are you interested in adopting? _____

Personal Info

1) Last name: _____ First name: _____

Address (must be the address at which pet will reside) City/State /Zip _____

Phone Home: _____ Work: _____ Cell: _____

Email: _____

Have you ever been charged with a violent crime or animal abuse/neglect? Yes No

2) Your Age: _____ If under 21" please provide your parents' name and phone number.

Name: _____ Phone #: _____

3) Do all members of your household know that you plan to adopt a cat? Yes No

Lifestyle

4) Cat's primary living situation [Check ALL that apply]

Cat will be house pet, living primarily inside Cat will live in garage or basement

Cat will live outdoors Cat shelter provided

Other- please specify: _____

5) How many hours per day will the cat be home alone? _____. When home alone the cat will be? (check ALL that apply) Cat will be loose Indoors Outdoors Other specify _____

6) Type of residence: House Duplex/Townhouse Apartment Other _____

If renting, how many pets are you allowed? _____ Size/Weight/Breed restrictions? _____

(A copy of the lease or letter from landlord stating animal allowed if renting is required.)

7) What are your plans for your pet if you have to move? _____

Other Pets/ Experience

8) Do you or anyone you are living with currently have any other pets? Yes No

Dog Cat Spayed/Neutered Yes No Age: _____ Indoor Outdoor Both

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Are these animals current on all Vaccinations Yes No I don't know

If your pets are not spayed/neutered please explain why _____

9) If you currently already have a cat or cats, please answer below:

Has your cat(s) been tested for Feline Leukemia? Yes No

Is your current cat(s) declawed? Yes No

Do you have a current Veterinarian? Yes No If yes, please list your current Veterinarian:

Name : _____ Phone: _____

10) Have you had pets in the past?

Dog Cat Spayed/Neutered Yes No Age: _____ Cause of death _____

If not deceased, reason you no longer have this pet? _____

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If not deceased, reason you no longer have this pet? _____

11) My cat needs to be good with: Dogs Other Cats Children Adults

12) I would be interested in adopting a special needs (medical or behavioral) pet. Yes No

13) Is there any situation that would cause you to have your cat/kitten declawed? Yes No

If yes, please describe _____

14) Is there any situation that would cause you to let your cat outdoors? Yes No

If yes, please describe _____

15) References, provide two with contact information:

I certify that the above information is correct. I authorize the Beare Garden Plantation Animal Rescue to contact my references. I understand that this form is not a guarantee nor does it constitute an adoption agreement or contract until approved by BGP management or designee.

Signature _____ Date _____

Adoption Counselor: _____

Approved Yes No Pending

Staff Use Only: Adoption Counselor Notes:

***Supervisor giving approval for on the spot adoption:* _____

ADOPTION CONTRACT (CONTINGENT UPON FINAL APPROVAL)

I UNDERSTAND THAT OWNING A PET IS A BIG RESPONSIBILITY. BY SIGNING THIS LEGAL CONTRACT, I AGREE TO DO THE FOLLOWING:

I AGREE TO PROVIDE THIS ANIMAL WITH A GOOD HOME, INCLUDING DAILY FOOD, WATER AND ADEQUATE SHELTER. I AGREE TO TAKE THIS ANIMAL TO A VETERINARIAN IF MEDICAL TREATMENT IS NEEDED I HAVE APPROVAL FROM MY LANDLORD OR RENTAL MANAGEMENT TO ADOPT THIS ANIMAL. **IF FOR ANY REASON I CANNOT KEEP THIS ANIMAL, I WILL NOTIFY BGP. UNDER NO CIRCUMSTANCES WILL THE ANIMAL BE ABANDONED, TAKEN TO A PUBLIC SHELTER, OR GIVEN AWAY FOR EXPERIMENTATION.** I UNDERSTAND THAT MY ADOPTION DONATION IS **NOT REFUNDABLE**. I GIVE PERMISSION FOR **BGP** TO SEND A REPRESENTATIVE TO MY HOUSE TO CHECK ON THE ANIMAL'S

CONDITION AND TREATMENT. IMPROPER CARE OR TREATMENT, IN THE JUDGEMENT OF **BGP**, OF THE ANIMAL OR NONCOMPLIANCE WITH THIS CONTRACT GIVES **BGP** THE RIGHT TO RECLAIM THE ANIMAL. **I AGREE NOT TO HAVE ANY BGP FELINE DECLAWED.** IT IS AGAINST BGP POLICY AND IS CONSIDERED MUTILATION OF A FELINE'S PAWS. WE CAN PROVIDE INFORMATION ON MULTIPLE OPTIONS TO THE ADOPTER TO REDUCE THE RISK OF ANY UNWANTED FELINE SCRATCHING. NOT ADHERING TO THIS POLICY MAY RESULT IN SURRENDERING THE FELINE TO BGP. **I AGREE TO ALWAYS KEEP ANY ADOPTED FELINE HOUSED INDOORS AT ALL TIMES.** IT IS AGAINST BGP POLICY TO ALLOW ANY ADOPTED FELINE TO LIVE OUTDOORS OR BE OUTDOORS FOR BATHROOM BREAKS. NOT ADHERING THIS POLICY MAY RESULT IN SURRENDERING OF THE FELINE TO BGP.

IF YOU ARE ADOPTING A KITTEN:

I UNDERSTAND THAT IT IS RECOMMENDED THAT I REPEAT THE TEST FOR FELINE LEUKEMIA ON MY KITTEN IF IT WAS TESTED BEFORE 12 WEEKS OF AGE.

IF YOU ARE ADOPTING A DOG OR PUPPY:

I UNDERSTAND THE IMPORTANCE OF HEARTWORM PREVENTION. I AGREE TO CONTINUE THIS DOG ON ITS HEARTWORM PREVENTION.

I UNDERSTAND THAT BGP MAKES NO GUARANTEES REGARDING THE HEALTH, TEMPERAMENT, OR MENTAL DISPOSITION OF ANY ADOPTED ANIMAL.

I UNDERSTAND THAT BGP IS NOT RESPONSIBLE FOR ANY DAMAGES CAUSED BY THE ADOPTED ANIMAL.

LIQUIDATED DAMAGES: ADOPTER AGREES TO PAY **BGP** THE SUM OF \$200.00 AS LIQUIDATED DAMAGES IN THE EVENT THE TERMS OF THIS CONTRACT ARE BREACHED. THIS LIQUIDATED DAMAGE VALUE IS AGREED TO FOR THE PURPOSE OF ESTABLISHING VALUE OF THE ANIMAL, AND DOES NOT BAR **BGP** FROM SEEKING RETURN OF THE ANIMAL BY A JUDICIAL PROCESS OR OTHER LEGAL MEANS. ADOPTER AGREES TO PAY REASONABLE ATTORNEY FEES AND COURT COSTS IN THE EVENT THIS MATTER IS FORWARDED TO AN ATTORNEY FOR ENFORCEMENT.

I UNDERSTAND AND AGREE THAT ANY BREACH OF THIS CONTRACT CONSTITUTES GROUNDS FOR **BGP** TO RESCIND THIS CONTRACT, IN WHICH CASE GUARDIANSHIP OF THE ANIMAL WILL REVERT TO **BGP**.

BGP AGREES TO TRANSFER GUARDIANSHIP OF THE ANIMAL TO THE ADOPTER, SUBJECT TO THE TERMS AND CONDITIONS LISTED ABOVE. THE ADOPTER, BY SIGNING BELOW, UNDERSTANDS, AGREES TO, AND RECEIVED A COPY OF THIS ADOPTION CONTRACT.

Signature _____ **Date** _____

Form Processed By: _____ **Date:** _____

Adoption Counselor's Signature ***PROVIDE A COPY OR EMAIL A COPY OF THIS TO THE ADOPTER