

Name: _____ Email: _____
First Last

Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____

Dog Name: _____ UCHS ID: _____

Do you own or rent your home? OWN RENT (Landlord Name/Number) _____

Have you owned/fostered/adopted a dog before? Y N If Yes, when and for how long? _____

How many people live in the home? ____ Adults and ____ Children Is anyone in the home allergic to dogs? Y N

Who will be the dog's primary caretaker? _____

Please list the other pets in the home and specify dog/cat/other: _____

Who is your current veterinarian? _____ Phone: _____

Where will the dog live primarily? Indoor Only Indoor/Outdoor Outdoor Only

Your dog will be alone how long during the day? Less than 8 hours 8-10 hours Greater than 10 hours

When you are not at home, your dog will be: Confined to a room In a crate Loose In the yard/kennel

Are you willing to work with the dog to resolve problem behaviors (such as chewing, housebreaking, digging, jumping, rough play, pulling, barking, etc.) ? Y N Do you have a fenced yard? Y N Fence height/style? _____

Will there be supervision at all times around small children? Y N Will you supervise at all times with other dogs? Y N

If no, how do you plan on exercising? _____

Do you plan on doing any type of training? Y N Have you ever been convicted of cruelty to animals? Y N

Reference: _____ Phone #: _____

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Terms and Conditions of adoption - UCHS has the right to reclaim the dog if the following are not adhered to:

1. I agree to have the dog checked by a veterinarian at my expense within ten (10) days. I will assume the cost of treatment that is required. UCHS strongly encourages all adopters to schedule annual vet visits.
2. I understand that the UCHS does not guarantee the health, size, temperament, or behavior of this dog.
3. I agree that I will care for this dog with proper food, clean water, love, humane living environment, and veterinary care.
4. I will not give this pet up for research purposes.
5. I will keep this pet licensed and humanely cared for in accordance with state and local laws in which I reside.
6. If I decide that I no longer can care for this dog for any reason, I will return the dog along with the adoption folder and vet records to UCHS. I understand that I have FOURTEEN (14) days to return the dog to the UCHS for a full refund (less the dog tag fee). If I return the dog past the FOURTEEN (14) days, I may be subject to pay a \$30 surrender fee.

THIS IS A BINDING AND LEGAL INSTRUMENT. BY SIGNING BELOW, I ATTEST THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ABOVE IN THEIR ENTIRETY, AND HAVE ANSWERED HONESTLY AND TO THE BEST OF MY ABILITY.

Adopters Signature: _____ Date: _____

Adoption Counselor's Signature: _____ Date: _____

To be completed by a UCHS Adoption Counselor:

Adoption Fee: \$ _____ Dog License: \$ _____ Total Due: \$ _____ Tag # _____