

Maine Coast Animal Rescue

PO Box 2

Lincolville Beach, Maine 04849

email: mainecoastanimalrescue670@gmail.com

CANINE Foster/Adoption Application

Name of CANINE you are applying to adopt _____

Applicant's name _____ Date _____

Name of Spouse or other adult(s) living in the home

Physical address _____ Town _____ State _____

Zip _____

Mailing address _____ Town _____ State _____
Zip _____

How long have you lived at this address? _____ years _____ months

Home Phone _____

Work Phone _____ Cell/Pager _____

In helping us decide if you and the animal you have chosen are well suited for one another, please answer the following questions truthfully

and to the best of your ability. If follow-up investigations after you have adopted an animal from MCAR INDICATES THAT ANY OF

YOUR ANSWERS WERE FALSE, YOU MAY HAVE TO SURRENDER THE ANIMAL BACK TO US, AS WELL AS PAY OUR COSTS

OF ENFORCING THE TERMS OF THE ADOPTION CONTRACT.

1. Name of employer _____

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2. Do you own your own home? YES NO

3. Do you rent? YES NO

Landlord's name _____

Landlord's phone number _____

4. Do you currently own any pets? YES NO

If yes, please list type(s) and ages _____

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Please list animal's names: _____

Who is your veterinarian now?

5. Have you ever owned pets in the past? YES NO

If yes, please list type and explain what happened to them. _____

Please list animal's names _____

Who was your veterinarian in the past?

6. For what purpose do you want to adopt this dog? Circle all that apply:

COMPANION WATCH DOG BREEDING HUNTING DOG GUARD DOG

FAMILY PET CHILD'S PET COMPANION FOR OTHER PET OTHER

7. How many hours a day will the dog be left alone? _____

8. Will the dog be an? INSIDE PET OUTSIDE PET INSIDE & OUTSIDE PET

9. What type of shelter will be available if the dog will be outside?

10. Where will the dog be at night?

11. Is any member of your household allergic to dogs? YES NO

12. How many children are living in the home? _____

Ages? _____

13. Who will be responsible for the care of the dog?

14. What do you plan on doing with the dog if you have to move?

15. What will you do with the dog when you go on vacation?

16. If you do not have a veterinarian, what veterinarian will you be setting up an account with?

17. Have you adopted or applied to adopt from a shelter before? YES NO

If YES, shelter

name _____ Location _____

How did you learn about our shelter?

18. After you have adopted a dog, will you allow a representative from MCAR to visit your home and inspect the animal and

His/Her facilities? YES NO

If NO, why not?

19. REFERENCES:

May we call your veterinarian for a reference? YES NO

Phone number _____

PERSONAL REFERENCE #1 (NOT related)

Phone number _____

PERSONAL REFERENCE #2 (NOT related)

Phone number _____

20. Are you prepared to manage the cost and care involved in keeping this companion, no matter what medical condition(s) may arise in the future? YES NO

21. Maine Coast Animal Rescue is not obligated to take back unwanted adoptions. Please inform us of this circumstance and we can assist in trying to help you find a new home for your pet. Adoptee can also be relinquished with your local Humane Society.

When dogs are outside for an extended period of time, they must be sheltered from inclement weather, including prolonged exposure to cold, heat, and direct sunlight. They should never be allowed to run loose, for their own safety and that of the community.

By signing below you are committing to annual veterinary check-ups (including rabies/dhlpp/lyme vaccinations, heartworm testing, monthly internal/external parasite control, and annual fecal testing). If MCAR determines that you have not followed through with this commitment.

MCAR will require random/periodic proof of medical treatment from your vet. Please keep all medical records and have them annually faxed to 207-789-5702 by January 1st.

MCAR reserves the legal right to reclaim the adopted pet at our discretion.

You must register your dog annually with your town.

PLEASE TAKE NOTICE WHEN RABIES AND OTHER VACCINATIONS ARE DUE.

If you are unable to keep this pet PLEASE inform us first and we will do our best to see that it gets a good home.

Signature of applicant (must be 18 or older)

Printed name of applicant

For OFFICE use only:

APPLICATION REFERENCE CHECKS

LANDLORD REFERENCE: DATE _____ EMPLOYEE INITIALS _____

NAME _____ PHONE

VETERINARY REFERENCE: DATE _____ EMPLOYEE INITIALS _____

NAME _____ PHONE

PERSONAL REFERENCE #1: DATE _____ EMPLOYEE INITIALS _____

NAME _____ PHONE

PERSONAL REFERENCE #2: DATE _____ EMPLOYEE INITIALS _____

NAME _____ PHONE

EMPLOYEE RECOMMENDATIONS/COMMENTS:

APPROVED _____ DENIED _____ EMPLOYEE INITIALS _____ DATE _____