



**County of Currituck
Animal Services and Control**

Mailing Address
153 Courthouse Road, #900
Currituck, NC 27929

140 Aviation Parkway
Barco, NC 27917
Telephone: 252-453-8682
Fax: 252-457-0087

www.AdoptCurrituckAnimals.com

Rachael Stone
Director

Tiffany Capps
Shelter Manager

ADOPTION

FOSTER WITH INTENT

VOLUNTEER FOSTER

By submitting this application, you understand and agree to the following stipulations to adopt or foster this animal. For the purposes of this agreement, the pet's name is referenced as:

You understand this Document is a Binding Contract.

The adoption fee assists Currituck Animal Services and Control with expenses to care for the rescued animal; however, any amount above the adoption fee is greatly appreciated. All donations are tax-deductible. Thank you for adopting a rescued animal.

READ AND INITIAL EACH ONE:

_____I agree that this animal will become a part of the family; we require **“inside/outside”** access. This animal will never be used for a working animal and will be a family pet. We absolutely do not place animals to **“outside only”** situations unless there is a unique circumstance explained and approved at adoption.

_____I agree to provide adequate veterinary care within 30 days of adoption. You agree that this animal will always have a warm, dry, safe place to sleep and adequate comfort, shade, or warmth always.

_____I agree to **spay or neuter** this animal before 6 months of age if he or she is not already altered and provide proof of such when completed. The veterinarian that performs the procedure may email or fax proof of surgery to us.

_____I agree that no unnecessary surgeries can be performed including but not limited to declawing, tail docking, or ear cropping.

_____Application Information: All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise Currituck County Animal Services and Control promptly.

Should Currituck Animal Services and Control Staff determine the conditions for this animal's happiness, well-being, health, or psyche are not in the best interest of the animal, staff shall have the right to deny the adoption request. The health, safety and welfare of the animal are the priority.

YOU AGREE THAT IF THIS ANIMAL DOES NOT WORK OUT WITH YOUR FAMILY YOU WILL RETURN THE ANIMAL TO THE CARE, CUSTODY AND CONTROL TO CURRITUCK ANIMAL SERVICES AND CONTROL. BY SIGNING THIS AGREEMENT, YOU UNDERSTAND THAT YOU ARE NOT FREE TO PASS THIS ANIMAL ALONG TO OTHERS, GIVE THE ANIMAL AWAY, OR SELL THE ANIMAL WITHOUT THE WRITTEN CONSENT OF CURRITUCK COUNTY ANIMAL SERVICES AND CONTROL.

I have been informed about the animal's history, behavior and or medical problems if any exist including past or present animal aggression and/or past incidents involving this animal. I take full responsibility for the behavior and actions of this dog/cat once in your care.

Signature: _____ **Date** _____

Printed Name: _____

Spouse/ Partner/ Roommate Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

Occupation: _____

Please list two personal references (not family) and their relationship to you:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Your veterinarian:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

May call your veterinarian for a reference?

Telephone Number: _____

Please provide the following information about your pets (if any)

Have you ever adopted a companion animal? Yes No Type? Dog Cat Other

Where is the pet now? _____

How many pets do you have? _____ Species: _____ Ages: _____

Adopted from a shelter Inherited Rescued Purchased Other: _____

Are all your companion animals spayed/neutered? Yes____ No____ If not please explain why?

Do you: RENT OWN If you rent, please give your landlords contact information:

Telephone _____

Do you live in: apartment duplex townhouse single house mobile home other

Do you have a fence? Yes____ No ____

What will happen to your animal when you must travel or have an emergency away from your home? (Circle all that apply)

Pet sitter - Family member or friend will look after - Will take with me - Leave in yard - Leave in house.

How many hours do you leave your pets alone each day? 2-4 / 4-6 / 6-8 / 8-10 / 10-12 /12-14 / 14+

Under what circumstances might you consider giving up your pet? (Circle all that apply)

Moving Baby Not Getting Along with Other Pets Behavioral Problems Children
Lost Interest Too Time-Consuming Allergies Separation/Divorce Medical Problems
House Breaking Other

_____ Home visit. I/we agree to allow you to visit my/our home as part of my/our application or your follow-up process.

_____ Application Information. All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly.

Currituck Animal Services and Control takes special care to try and ensure that all animals in our adoption program are healthy and of suitable temperament for adoption. However due to the fact these animals are rescued or surrendered, their background information is often uncertain, and it is impossible to guarantee with 100% certainty their complete medical history or temperament.

Signature:

_____ Date: _____

Currituck County Animal Services and Control

_____ Date: _____