

## **DOG ADOPTION/FOSTER APPLICATION •**

128 Brainerd Lane, Stroudsburg, PA 18360 •

• Phone: (570) 801-6166 • Fax: (800) 420-8307 •

www.camppapillon.org

## GENERAL INFORMATION ADOPT FOSTER FOSTER TO ADOPT

Today's Date:	
First Name: Last Name:	,
Address:	
Home Phone: Cell Phone:	
Email: Alternate Email:	
What is your Date of Birth?          (Please be aware that we do background checks before adoptions can be approved, this is required)	
In what state is your driver's license issued? What is your driver's license expiration date?	
Which animal(s) are you interested in? (Please list name and Species)	
If the animal that you are interested in is no longer available, would you be interested in another?	No
CO-APPLICANT INFORMATION (Proceed to Next Section if this does not apply)	
What is the co-applicant's relation to the applicant?	
First Name: Last Name:	
Cell Phone: Email:	
What is co-applicant's Date of Birth? What is your driver's license number? (Please be aware that we do background checks before adoptions can be approved)	
In what state is your driver's license issued? What is your driver's license expiration date?	
ADDITIONAL APPLICANT/CO-APPLICANT INFORMATION	
Please list ALL other names have you used, include maiden names:	
Physical Address (If different than your mailing address):	
Please tell us what county you are located in: Township or Borough?	
How long have you lived at your current address?	
If you have lived at your current residence for less than 2 years, please list your previous address:	

How long are you planning to live at your current residence?

<b>CAMP PAPILLON DOG ADOPTION/FOSTER API</b>	PPLICATION
--	------------

Do you own or rent your home? Own	Rent				
If you are not listed as the owner of the residence (Note We will contact the Landlord/Owner of the residence)		ovide the owner's	s full name and	l phone number:	
List any involvement in any pet store, com clubs, animal welfare groups or animal right	-		-		
References					
Veterinarian and/or Clinic					
Have you had any pets within the last 2 years (If you have not had any pets within the last 2 years)			nce instead)		
Vet and/or Clinic Office:		·			
Phone:					
Please enter all Veterinarian's Name and P					
<b>Reference #1</b> (no family members please)					
First Name:	l	.ast Name:			
Best Phone:		Secondary Phone	2:		
<b>Reference #2</b> (no family members please)	Relationsh	ip?			
First Name:	l	.ast Name:			
Best Phone:		Secondary Phone	2:		
PET INFORMATION					
Why are you interested in adopting a pet a	t this time?				
What traits are you looking for in a pet?	□Male □Companion	□Female □Protective	□Baby □Companio	☐Young n for Another Pet	Adult Other
How much do you expect your yearly expe	nse be for this pe	t?			
If your pet needed costly supplements or e	mergency surger	y how would you	pay for it?		
Who in the household will care for the pet	Please Explain:				

CAMP PAPILLON DO	G ADOPTION/FOSTER	<b>APPLICATION</b>
------------------	-------------------	--------------------

How	much	time	will t	he	animal	snend	alone	during	the	Sveh
110 00	much	unie	vviii u	IIC.	ammai	spenu	aione	uuring	the	uay:_

Where and who will care for the pet when you are away overnight or on vacation?\_\_\_\_\_

What will happen to your pets in the unlikely event that you can no longer care for them?\_\_\_\_\_\_

Have you ever surrendered an animal to a shelter or rescue or given away a pet?  Yes	JNo
--	-----

## **PAST AND CURRENT PET INFORMATION**

Animal Name	Breed	Sex	DOB/Age	Time Owed	What happened to him/her?

If your pets are/were **not** spayed or neutered please explain: \_\_\_\_\_\_

## LIFESTYLE INFORMATION

If anyone in your household has ever been convicted of an animal-related charge or any other charge, please explain:

If anyone in your household is allergic to animals, please explain: \_\_\_\_\_\_

How many people reside in your household? \_\_\_\_\_\_

Please provide the names and ages of any **children** that may have contact with your adopted animal, please include whether or not they live with you:

Have your children lived with pets? Yes No

Have you thought about how ALL life changes such as having a baby, moving, marrying, going to college, getting a roommate, getting new furniture or rugs, divorcing, changing work hours or commuting time, adopting other pets, etc. could affect your ability to keep or care for this pet? Yes No

If you were to move are you willing to restrict your choice of housing to places where the type and breed are allowed? Yes No

CAMP	PAPILLON DOG ADOPT	ION/FOSTER APPLI	CATION		
In what type of home do you live:	□Single Family □Condominium	□Duplex □Mobile Home	□Apartment □Military Housin	□Townh ng	ouse
, ,	No Yard Yard Completely Fenced	Unfenced Yard Electric/Invisible		ally Fenced	Yard
What type of fence do you have?	□No Fence □Priv	vacy 🛛 🖓 Chain	Link 🛛 🗆 Inv	visible	
What is the height of the fence?	На	ow large is the fenced	l in area?		
If no fence is installed, how will you	exercise your dog?				
Have you checked with your insurar breed you want to adopt? (If not, pl subject to this requirement because BSL)	lease do so before submitti	ng your application. F	PA residents are no	ot □Yes	□No
If your insurance company were to	tell you that you could no l	onger have the specie	es and breed of the	2	

If you insurance company were to ten you that you could no longer have the species and breed of the		
animal that you have adopted would you be willing to change insurance companies?	<b>□</b> Yes	□No

1	Adopter Agreement		
•	I am committed to keeping my pet(s) until they die due to old age or illness even if my family, life, job changes or I move.	□Yes	□No
•	I agree to accept immediate & full responsibility for ownership of this pet(s) and to properly license the adopted pet(s) and follow all local and state regulations regarding pet ownership and control.	□Yes	□No
•	I agree to provide the pet with yearly veterinarian examinations, vaccinations, dental work, etc.	□Yes	□No
•	In the unlikely event that I adopt a pet that is not already spayed or neutered, I agree to neuter or spay at no later than seven (7) months of age or when a veterinarian suggests.	□Yes	□No
•	I agree to provide the pet with a safe and loving home, food, water, shelter and sufficient exercise and to NOT keep any animal outside without supervision, including chained or in a pen/kennel, or abandon the pet under any circumstances.	□Yes	□No
•	I agree to never euthanize the pet(s) unless the veterinarian recommends euthanasia because of tremendous suffering.	□Yes	□No
•	I agree to keep and consider this pet as a companion and part of the family and not a disposable item.	□Yes	□No
•	I agree to arrange for boarding or proper daily care for the pet(s)in the absence of its owner(s), such as vacations.	□Yes	□No
•	I agree to never surrender the pet to a third party without express approval of Camp Papillon and to contact Camp Papillon for advice.	□Yes	□No
•	I understand that I will be asked to give a non-refundable donation to Camp Papillon to help with spaying/neutering and veterinary care of current and/or future rescued pets.	□Yes	□No
•	I agree to surrender the pet to Camp Papillon if, in the opinion of two Camp Papillon representatives the animal is not being cared for properly, such as being neglected or abused or the lack of veterinary care or any reason that Camp Papillon deems as not being cared for properly.	□Yes	□No
•	I understand that while Camp Papillon takes every precaution to assure the health of its animals, no guarantee can be given regarding the condition or temperament of the pet(s) up for adoption.		

In

I/We have reviewed my application carefully and have read, understand, and agree to all of the above conditions. I/we certify that the information entered on this form is true and accurate to the best of my/our knowledge and I/we agree to all of the above terms and conditions.

Enter your name and date if you agree.

Sign your name and date if you agree:

Signature:	 Date:	

Co-Applicant Signature:	Date:
	Date