



## Canine Adoption Application



**Crazy's Claws N' Paws**

PO Box 672, Goldsboro, NC 27533

(919)394-5708

Web: <http://crazysclawspaws.wix.com/ccnp>

Email: [crazysclawspaws@yahoo.com](mailto:crazysclawspaws@yahoo.com)

EIN: 46-3169079

*Pg. 1 – Policies Pg.3 – General Pg.4 – General, Household, Preference Pg.5 – Personal Pets, References  
Pg.6 – Acknowledgment, Release*

---

# CRAZY'S CLAWS N' PAWS DOG ADOPTION POLICIES/APPLICATION

---

Thank you for your interest in adopting!

Please read the following policies before completing the application. If approved for adoption, the final adoption signatures will take place at the end of the Foster-to-Adopt terms in effect at that time.

---

### **30 – Day Foster-to-Adopt Program Terms** (One-half of adoption fee to be paid when adoptive animal is placed in home)

1. The adopted animal does not legally belong to you until the 30-day Foster Program is completed and the Adoption Signature Page is signed and dated.
2. During the 30-day Foster Program, CCNP is still responsible for the animal should anything happen to it, has the legal right to repossess this animal at any time, and revoke the application for any breach of terms.
3. Should the adoption signature page not be signed and returned by the adopter(s) within 40 days (including weekends/holidays) after the Foster Program Start Date, the animal shall be returned, healthy and safe, within 72 hours of the date due on the adoption contract. If out-of-county or out-of-state, the adopter is responsible for any expenses incurred with returning the animal to CCNP. This may include a health certificate, medical care, if not healthy, and transportation fees. Adoption fees for the adopter's failure to complete an adoption will not be returned. Failure to return the animal will result in a lawsuit (see #15 under Adoption Contract Terms).

### **Adoption Contract Terms** (To be signed within 40 days after the Foster Program begins)

**Notice:** As the adopting owner of the dog described above, I may not give the dog up to any other person, shelter, rescue, etc., for any reason. If the adoption is incompatible, I shall return the identified dog back to CCNP.

#### **Terms of this contract are as follows:**

1. The dog is indoor free roaming and outside in a fenced yard only. The dog may not be left alone outside for long periods and will be brought inside at night. The dog will not be left outside during extreme hot or cold weather.
2. The dog shall be provided fresh, clean food and water daily in sufficient quantities to maintain proper health and weight.
3. The dog shall be taken to a veterinarian at least once a year for an examination, shots (DHLPP, rabies), worming, and any other procedures deemed necessary by the veterinarian. Proper veterinarian care shall be provided for any illness or accident. The dog will begin monthly flea/tick and heartworm prevention at the end of the Foster Program, when its existing treatments expire.
4. The dog is NEVER to be used for any kind of research for any reason. The dog is not to be used for any illegal purposes or to be used as any type of bait or food source.
5. The dog(s) shall not have their tail or ear(s) cropped for any reason, with the exception of a veterinarian approved necessary medical reason. If we find any cropping has occurred without proper medical reasoning, CCNP has the right to revoke this contract and the animal to be returned immediately.
6. The dog shall not be sold or given away for any reason, except to be returned to CCNP.



## Canine Adoption Application



**Crazy's Claws N' Paws**

PO Box 672, Goldsboro, NC 27533

(919)394-5708

Web: <http://crazysclawspaws.wix.com/ccnp>

Email: [crazysclawspaws@yahoo.com](mailto:crazysclawspaws@yahoo.com)

EIN: 46-3169079

*Pg. 1 – Policies Pg.3 – General Pg.4 – General, Household, Preference Pg.5 – Personal Pets, References  
Pg.6 – Acknowledgment, Release*

---

7. In the event that the dog gets lost, stolen, or escapes from their caretaker, that person shall immediately take steps to recover the dog. Steps include informing CCNP first, placing ads in newspapers, craigslist (craigslist.com (free)), flyers, Facebook, physically looking at local Animal Control/Humane Society, calling veterinarian offices to ask them to keep a look out for this dog, posting on Petfinder's lost pet board, contacting the microchip manufacturer, social media sites, and anything else that may assist in returning the dog safely.

8. In the event that the adopter is unable, or no longer wishes, to keep and care for this dog, the dog shall be returned to CCNP at the adopters' expense. Upon safe return of the dog to CCNP, preferably in good health and with current medical records, this contract shall be voided.

9. Prospective adopter(s) who rent their home must provide written proof from their current landlord stating the dog will be allowed at the rental property. Verification of this document from the landlord will be necessary.

10. Prospective adopter(s) will be required to allow a pre-adoption home and yard inspection where the dog shall reside. If, for any reason, the adopter(s) should move, CCNP is to be notified within two (2) weeks prior to move, and the new home/yard may be inspected. The same requirement for landlord approval must be met.

11. Prospective adopters agree to CCNP's verification of information provided in this contract.

12. Prospective adopters understand that the care of dogs requires a major commitment of caring, loving, and responsibility for the dogs' lifetime. The adopter with custody of the dog is solely responsible for any, and all, property and physical damages done to any person or property by the dog.

13. All adoption fees are non-refundable once the Adoption Signature Page is signed and dated (including weekends/holidays).

14. If any breach of this contract occurs, CCNP reserves the right to repossess the dog for its safety and/or health. By signing this contract, you agree to return the dog to CCNP at your expense.

15. In case of breach of contract, the adopter shall be liable and legally responsible for all veterinarian bills incurred for restoring the dog back to proper and good health. Payment for veterinarian care must be received within 30 days of the veterinarian treatment. The adopter will also be responsible for any legal fees incurred by CCNP in the process of recovering the animal and/or its well-being.



# Canine Adoption Application



**Crazy's Claws N' Paws**

PO Box 672, Goldsboro, NC 27533

(919)394-5708

Web: <http://crazysclawspaws.wix.com/ccnp>

Email: [crazysclawspaws@yahoo.com](mailto:crazysclawspaws@yahoo.com)

EIN: 46-3169079

Pg. 1 – Policies Pg.3 – General Pg.4 – General, Household, Preference Pg.5 – Personal Pets, References  
Pg.6 – Acknowledgment, Release

## Approval / Denial – Shelter Use Only

Date Received \_\_\_\_\_ By \_\_\_\_\_

Approved: Dog Name: \_\_\_\_\_

Denied: \_\_\_\_\_

**NOTE:** Prospective adopter is to be notified of decision, and if denied, given explanation.

✓ **Check off when completed and date. Place an X in box if denied (Attach additional forms):**

Rental Reference \_\_\_\_\_  Vet Reference \_\_\_\_\_

Personal Reference 1 \_\_\_\_\_ Personal Reference 2 \_\_\_\_\_

Home Inspection - Completed by: \_\_\_\_\_

**Note: This application must be completely filled out, legible, and in ink. Thank you. Someone will contact you once the application is received.**

**🐾 ALL DOGS AND PUPPIES, UNLESS OTHERWISE STATED ON ADOPTION CONTRACT, WILL BE SPAYED/NEUTERED, RABIES, UTD VACCINES, FECAL/DEWORMED, Heartworm TEST/Prevention/Treatment, FLEA/TICK PREVENTION, AND MICROCHIPPED**

**🐾 MICROCHIP REGISTRATION WILL REMAIN IN CCNP'S NAME, WITH ADOPTER AS SECONDARY CONTACT**

**In order to be considered for an adoption, you MUST:**

- 🐾 Be 18 years of age or older (under 18 will be required to have adoption under parent)**
- 🐾 Have identification showing your present address**
- 🐾 Have knowledge and consent of landlord/homeowner (if applicable)**
- 🐾 Be able and willing to spend the time and money necessary to provide medical treatment and proper care for the life of a pet.**

## General Info

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ ( Hm /  Cell) Alt # \_\_\_\_\_ ( Hm /  Cell)

Email \_\_\_\_\_

Best Time to Contact You \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Email \_\_\_\_\_



# Canine Adoption Application



**Crazy's Claws N' Paws**

PO Box 672, Goldsboro, NC 27533

(919)394-5708

Web: <http://crazysclawspaws.wix.com/ccnp>

Email: [crazysclawspaws@yahoo.com](mailto:crazysclawspaws@yahoo.com)

EIN: 46-3169079

Pg. 1 – Policies Pg.3 – General Pg.4 – General, Household, Preference Pg.5 – Personal Pets, References  
Pg.6 – Acknowledgment, Release

How did you hear about CCNP, or the animal you are interested in?

- Newspaper     TV     Friend     Our Website     Facebook     Adopt-a-Pet  
 Online Search    Event     PetSmart     Other: \_\_\_\_\_

Why do you want to adopt a dog/puppy? \_\_\_\_\_

### Household

Do you:  Own     Rent: Landlord Name/Phone # \_\_\_\_\_  Live w/ Parents

Do you live in a:     House     Townhouse/Condo     Mobile Home     Apartment

Will you allow a representative to visit your home?  Yes-Best time for visit: \_\_\_\_\_  No

Please list the names of all household members.  
Include ages for household members under 18.

<u>Name</u>	<u>Children's Age</u>

Who will be primarily responsible for the care and supervision of the dog? \_\_\_\_\_

Will this dog be in the presence of children frequently? If yes, what ages? \_\_\_\_\_

Do any household members have known allergies to dogs?  Yes     No

Are there any disabilities that may cause difficulty in caring for the dog?  Yes: Explain \_\_\_\_\_  No

Are you prepared to accept the cost of a dog in your home?  Yes     No     Not Sure

### Dog Trait Preferences

How many hours each day will the dog be left alone? \_\_\_\_\_

Will the dog be confined when left alone? If so, where? \_\_\_\_\_

For what potential problems do you feel unprepared?     Biting     Housebreaking/Marking

Not good w/ other animals     Excessive Grooming     Excessive activity level

Medical issues     Other: Explain \_\_\_\_\_

Is there a preference on sex, color, size, breed, and/or age? Explain \_\_\_\_\_



# Canine Adoption Application



**Crazy's Claws N' Paws**

PO Box 672, Goldsboro, NC 27533

(919)394-5708

Web: <http://crazysclawspaws.wix.com/ccnp>

Email: [crazysclawspaws@yahoo.com](mailto:crazysclawspaws@yahoo.com)

EIN: 46-3169079

Pg. 1 – Policies Pg.3 – General Pg.4 – General, Household, Preference Pg.5 – Personal Pets, References  
Pg.6 – Acknowledgment, Release

**Personal Pets:** Please list all pets current and in the past 2 years (Include outside pets):

	Name/Type/Breed	Age	M/ F	Spayed/Neutered	In/Outdoor	Other Altering?	Vaccines Current
Cats							
Dogs							
Other							

Name of veterinarian/Phone Number: \_\_\_\_\_

**Note: If you do NOT have a vet, we will be glad to recommend one.**

**References (Must not be related to you or each other and must have some knowledge of your experience with pets.)**

Reference 1

\*Name \_\_\_\_\_

Phone \_\_\_\_\_ ( Hm /  Cell)

How does this person know you? \_\_\_\_\_

Reference 2

\*Name \_\_\_\_\_

Phone \_\_\_\_\_ ( Hm /  Cell)

How does this person know you? \_\_\_\_\_



# Canine Adoption Application



**Crazy's Claws N' Paws**

PO Box 672, Goldsboro, NC 27533

(919)394-5708

Web: <http://crazysclawspaws.wix.com/ccnp>

Email: [crazysclawspaws@yahoo.com](mailto:crazysclawspaws@yahoo.com)

EIN: 46-3169079

*Pg. 1 – Policies Pg.3 – General Pg.4 – General, Household, Preference Pg.5 – Personal Pets, References  
Pg.6 – Acknowledgment, Release*

**Please initial each paragraph stating you have read and understand.**

### **Acknowledgments**

By signing below I hereby understand that I certify that the above is true and understand that any, and all, false information may result in nullifying this adoption. I understand that even if I have a preference, CCNP volunteers will do their best to pair me with a dog/puppy that will work with me. I also understand that if it does not work out with the dog/puppy, I have 30 days to choose another dog or a \$30 refund. I understand that this application remains the property of Crazy's Claws N' Paws.

**Initial** \_\_\_\_\_

### **Release of Liability**

I recognize that working with animals places me at physical risk, and I agree to assume that risk. I realize that although Crazy's Claws N' Paws has taken all reasonable measures to protect me, accidents and injuries may still occur. Therefore, I hereby completely release and entirely discharge Crazy's Claws N' Paws from any and all claims and causes of action of negligence or gross negligence, that I or another might have or bring relating to, or arising from any injury or damage that I should sustain while assisting Crazy's Claws N' Paws, or in connection with my volunteer work for Crazy's Claws N' Paws.

**Initial** \_\_\_\_\_

### **Media Releases**

I, the undersigned, do hereby consent and agree that Crazy's Claws N' Paws, its employees, volunteers, associates, or agents have the right to take photographs, videotape, and/or digital recordings of me and/or the pets, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of fundraising and promotions. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

**Initial** \_\_\_\_\_

I do hereby release to Crazy's Claws N' Paws, its agents, volunteers, associates, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

**Initial** \_\_\_\_\_

I understand that there will be no financial or other remuneration for recording me, or my pets, for either initial or subsequent transmission or playback.

**Initial** \_\_\_\_\_

I also understand that Crazy's Claws N' Paws is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

**Initial** \_\_\_\_\_

I represent that I am at least 18 years of age, have parent/guardian signature if under age 18, have read and understand the foregoing statements, and am competent to execute this agreement.

**Initial** \_\_\_\_\_

**Check this box if you REFUSE to consent to photographs, videotape, and/or digital recordings.**

**Initial** \_\_\_\_\_

I have read, and understand, all of the acknowledgements above.

\_\_\_\_\_  
Adopter Name (printed)

\_\_\_\_\_  
Signature