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SOUTH BEND ANIMAL CARE & CONTROL

521 Eclipse Place, South Bend, IN 46628
Phone: (574) 235-9303; Fax: (574) 235-7611
E-mail: sbacc@southbendin.gov

PET ADOPTION APPLICATION

To ensure that this adoption is in the best interest of you, your family and the animal you select, we ask that you answer the following questions completely and honestly.

What type of animal are you looking to adopt?_____ Name of animal: _____

Your Information

Name: _____ Phone Number: _____

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

E-mail: _____ Alternate Phone Number: _____

Have you ever turned in a pet to an animal shelter? ☐ Yes ☐ No *If yes, what was the reason?* _____

_____

Please list 2 personal references:

Name	Phone Number	Relationship to You	Years Known

Household Information

What type of home do you live in?
☐ Townhouse ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Single-Family House ☐ Other _____

Do you own this home? ☐ Yes ☐ Rent* ☐ Land Contract* ☐ Live with Parents*

** If you rent or are buying on a land contract, we will require permission from the property owner to complete your application. Please specify landlord, rental agency or property owner:*

Name: _____ *Phone Number:* _____

How long have you lived at your current residence?_____ *If less than 3 years, what was your previous address?*

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

Names & ages of adults in household: _____

Names & ages of children in household: _____

Is everyone in the household aware that you are applying to adopt an animal? ☐ Yes ☐ No *If no, why not?* _____

_____

Do you have a fenced yard or dog run? ☐ Yes ☐ No *If yes, please describe the enclosure, including the dimensions (height and width) of the fence/run:* _____

Pet Ownership Information

List information for **ALL** of the animals that currently reside with you:

Name of Animal	Species (Dog, Cat, etc.)	Breed of Animal (Pit Bull, Boxer, Shih Tzu, etc.)	Age	Male / Female	Spayed/ Neutered?	Owned how long?
				☐ F ☐ M	☐ Yes ☐ No	
				☐ F ☐ M	☐ Yes ☐ No	
				☐ F ☐ M	☐ Yes ☐ No	
				☐ F ☐ M	☐ Yes ☐ No	
				☐ F ☐ M	☐ Yes ☐ No	

(continued on next page)

Not including the animals you have listed above, have you had any other pets in the past? ☐ Yes ☐ No *If yes, what happened to them?*

_____

How will you discipline your new pet? _____

What will you do if your new pet shows destructive behavior?_____

_____

What kind of animal behavior(s) would you be unable to accept and possibly return him/her to us? _____

_____

How will your new pet be kept from running loose? _____

What will you do with your new pet if you move? _____

Are you financially prepared to provide this care and commitment (i.e. medical care, food, heartworm prevention, flea prevention, etc.)?

☐ Yes ☐ No *How much do you anticipate spending on your new pet per year?* $_____

Veterinarian Information

What is the name of the vet/clinic that has the current/past vaccination records for your pet(s):

Name	Address	Phone

If you plan on using a different veterinarian in the future, please provide that information:

Name	Address	Phone

*****Note: We strongly recommend that pets be closely supervised when they are with children*****

Please read the following conditions or terms:

- I will abide by all Local, State and Federal laws that pertain to my new pet.
- I will not to allow my pet to become a public nuisance because of loud or frequent barking, biting or intimidating passersbys, running loose or any other behavior that may infringe upon the rights of others.
- I realize that I must *IMMEDIATELY* remove and properly dispose of any waste from my pet on any property.
- I understand that any comment that an animal may be good with children or other animals or is housebroken is based upon information provided by the previous owner if previous owner is known.
- I will have my pet neutered by the date specified in the Spay/Castration agreement.
- I will have my new pets health checked by a licensed veterinarian within 72 hours of the adoption.
- I will provide proper and sufficient food and fresh water daily to my new pet.
- I will have adequate facilities at my residence that will protect my new pet from the elements and provide a space that will allow him/her to freely move about and not be required to lie, sit or stand in his or her own excrement.
- I will provide all veterinary treatment that my new pet may require throughout his/her lifetime.
- I will return him/her to South Bend Animal Care and Control if I am unable to properly care for my new pet.
- I will not to sell, give away or abandon my new pet without first contacting South Bend Animal Care and Control.
- I will not mistreat, abuse, fight or use my pet for experimental or medical research purposes OR allow anyone else to do so.
- I will allow South Bend Animal Care and Control to review my home at any reasonable time and to remove my pet if the home is unsuitable or if it is officers determined that my pet is being neglected or mistreated in any way.
- I will pay all reasonable costs, including court costs and attorney fees, incurred by South Bend Animal Care and Control in enforcing this contract if I fail to comply with its terms.

I understand that South Bend Animal Care & Control makes no representations or guarantees about any animal's temperament or health and that a pet's behavior may change after it leaves the shelter and accustoms itself to a new home.

I understand that The City of South Bend will not be liable for any future injury or damage which may be caused by my new pet.

I understand that The City of South Bend makes every effort to adopt only healthy animals but makes no guarantees or representations about any animal's health and will not be liable for any future veterinary care or treatment the animal may need.

I understand that South Bend Animal Care and Control will be contacting my veterinarian for vaccination and health histories for any pets that I have owned and authorize him/her to release that information to S.B.A.C.C. I am also aware that if my current pets are not up-to-date, the adoption may be delayed until they are vaccinated and acquire the immunity provided by the vaccines. Please be considerate of any delays we are only trying to ensure that our pets are placed in the best possible homes.

South Bend Animal Care and Control reserves the right to deny an application for any reason(s). These reasons may include but will not be limited to: misinformation given on this application, unvaccinated pets, inadequate facilities, past record of nuisance pets, recommendation of veterinarian or other animal welfare organization, history of animal abuse or neglect, or already at the maximum number of pets.

By signing this application, I acknowledge that I have read and agree to abide by the above conditions or terms and affirm that the information provided in this application is true and correct:

_____	_____	_____
Printed Name	Signature (Digital or Handwritten)	Date & Time

Once complete, e-mail as an attachment to: sbacc@southbendin.gov