**B.A.A.R.C. ADOPTION APPLICATION**

*Please PRINT legibly and answer all questions*

Thank you for your interest in adopting a dog rescued by B.A.A.R.C. Our primary goal is to match the animals with

the living situation best suited for their long-term care. Every family is different, and there are no right or wrong

answers. This process will assist us in helping you find a pet well suited to your lifestyle.

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foster to Adopt: Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

What is the name of the dog you are interested in adopting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: (where dog will reside) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is financially responsible for the adopted dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently (check all that apply) ☐ Employed Full-time? ☐ Employed Part-time? ☐ Unemployed?

☐ Student (where)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Retired? ☐ Other? (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Employed, Name of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/line of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long There? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you ☐ Own? Or ☐ Rent? your home. Type of dwelling ☐ House? ☐ Condo? ☐ Mobile? ☐ Apartment?

Do you have a completely fenced yard? ☐ Yes ☐ No

If Yes, describe type of fence and height? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you rent/lease does your lease allow pets? ☐ Yes ☐ No How many pets? \_\_\_\_\_\_\_\_\_

Name and contact number of Landlord \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any Breed Specific restrictions/regulations where you live? Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have plans to move in the foreseeable future? ☐ Yes ☐ No If yes, where and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you do if you moved to a place where dogs are not permitted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children live in your home, other than yourself? Please list names and ages.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_ 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any member of the household have allergies or asthma? Yes ☐ No ☐ Are all members of your household aware and in agreement with this adoption? Yes ☐ No ☐ Have you or any other person living at your residence been charged with crimes against animals or domestic violence? Yes ☐ No ☐ If Yes, please explain details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all pets currently living in your household (exclude fish)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Type \_\_\_\_\_\_\_\_\_\_\_\_Male ☐ Female ☐ Age \_\_\_\_\_ Spay/Neuter Yes ☐ No ☐ How Long \_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_\_\_\_Male ☐ Female ☐ Age \_\_\_\_\_ Spay/Neuter Yes ☐ No ☐ How Long \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_\_\_\_Male ☐ Female ☐ Age \_\_\_\_\_ Spay/Neuter Yes ☐ No ☐ How Long \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Type \_\_\_\_\_\_\_\_\_\_\_\_Male ☐ Female ☐ Age \_\_\_\_\_ Spay/Neuter Yes ☐ No ☐ How Long \_\_\_\_\_\_\_

Please tell us about your pet’s schedule as it relates to your schedule. How many consecutive hours per day will this pet be without human companionship?

SUN\_\_\_\_\_\_\_\_\_ MON \_\_\_\_\_\_\_\_\_ TUES\_\_\_\_\_\_\_\_\_\_WED \_\_\_\_\_\_\_\_\_\_ THUR \_\_\_\_\_\_\_\_\_\_ FRI \_\_\_\_\_\_\_\_\_\_\_\_ SAT\_\_\_\_\_\_\_\_\_\_

How will you structure this pet’s time when you are not home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will this pet be kept at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you exercise this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of discipline/training will you use for this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We recommend every dog receive training and socialization and, in some cases, require it. Will you consider attending training classes with this pet? Yes ☐ No ☐

The average pet has a life span of 12-15 years. Are you willing to make a commitment to this pet for the rest of its life? AND are you willing to provide the necessary love and attention as well as the necessary food, vet care, etc. required to maintain a healthy, happy pet: Yes ☐ No ☐

Why do you feel a rescued dog is right for you/your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you using a veterinarian presently or have you used one in the past 12 months? If so, please provide name, address and telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list three non-household personal references:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The state of California requires that, once you adopt a dog over the age of 4 months, you have 30 days to have s/he licensed to you.

**BAY AREA ANIMAL RESCUE CREW, INC saves animals from any shelter that needs our help as well as any person of the public that needs our help with an animal. The animals in our program receive worm treatments, vaccines and other necessary medical care. Most of these animals have unknown medical backgrounds and it is reasonable to expect some risk when taking a rescued animal into your home; therefore, the adopted assumes all responsibility for the animal’s health, safety and behavior. There is no guarantee as to health, temperament, breed or ultimate size of any animal. The adopted assumes the responsibility to take the animal to a veterinarian of their choice and continue regular checkups and vaccinations. BAY AREA ANIMAL RESCUE CREW, INC WILL NOT aid with diagnosis, treatment, management or medical expenses once the animal is adopted.**

I have read and completed all questions on this application truthfully and to the best of my knowledge and am hereby giving my consent for **BAY AREA ANIMAL RESCUE CREW**, INC to verify all information contained herein. I understand that **BAY AREA ANIMAL RESCUE CREW, INC** will rely on the answers I have provided on this application and during the interview. I understand that submitting this application for adoption does not guarantee approval. **BAY AREA ANIMAL RESCUE CREW, INC** reserves the right to refuse adoption to anyone. In the event false information is discovered, **BAY AREA ANIMAL RESCUE CREW, INC** reserves the right to reclaim possession of the animal.

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is an agreement between the adopter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Bay Area Animal Rescue Crew, Inc. (BAARC)

Animal name/Rescue I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender ☐ Male ☐ Female Altered? ☐ Yes ☐ No

**The following representations and conditions apply to your adoption of the animal. Please read carefully, since, by signing this document, you indicate you understand and agree to comply.**

I am at least 18 years of age and, as the lawful adopter of said animal, I agree:

☐ There is no guarantee of the breed, health or temperament of the animal I am adopting and I release BAARC from and all claims of liability.

☐ I agree to keep the animal in good health. I will provide routine health care, including but not limited to vaccinations, internal and external parasite prevention and general visits to a vet to ensure proper maintenance.

☐If, for whatever reason, I cannot keep the animal, I agree to inform BAARC immediately. BAARC reserves first right to reacquire the animal. **I UNDERSTAND THE ADOPTION FEE IS NON-REFUNDABLE.**

☐Animals will not be left unattended, tied, or chained up as a means of securing the animal. The animal will sleep indoors at night, unless otherwise agreed upon.

☐BAARC retains the right to repossess the animal at any time, if there is any evidence of neglect or abuse, or if BAARC has good reason to believe that the home is not in the best interest of the animal or the owner.

☐I give BAARC permission to call or visit my home at any reasonable time to assure that the animal is being properly treated and cared for.

☐I understand that my animal has had all its initial, age appropriate vaccinations. I also agree that I am responsible for any remaining vaccinations, including rabies, if it has not been received yet. If the animal is under 6 months of age, I understand that more vaccinations may be required and I agree that I will provide these vaccinations at my own expense.

☐I understand and agree that it is my responsibility to assume all risks of the animal’s guardianship, including all costs incurred and risk of injury to myself and others after adoption. **BAARC WILL NOT** aid with diagnosis, treatment, management or medical expenses of this animal once the adoption is final.

☐I agree that the animal is being adopted for myself and will not be sold, adopted out or given to another party.

☐I agree to keep BAARC informed of my current home address and phone number.

**RELEASE:** As the adopter of a Bay Area Animal Rescue Crew, Inc. dog, on behalf of myself, my heirs, my personal representatives and assigns, I hereby release, discharge and indemnify BAARC, its directors, employees, representatives, committee members, fosters, volunteers, agents and all other similar persons associated with BAARC from all claims, demands, and liability arising out of, or about, the acceptance of said animal.

**I have read, understand and agree with the provisions of this contract.**

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bay Area Animal Rescue Crew – P.O. Box 6595, Concord, CA 94520 –** bayareaanimalrescuecrew@gmail.com

**FOSTER TO ADOPT APPLICANTS**

**IMPORTANT NOTICE**

We schedule appointments to spay and neuter animals.

**Pre-surgery instructions: No food or drink may be given to the animal after**

**12AM the night before the surgery Is scheduled.**

The spay/neuter appointment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_