



East Contra Costa County
Homeless Animals' Lifeline Organization
 P. O. Box 2011, Antioch, CA 94531
 925-473-4642 / Website: www.eccchalo.org / Tax ID#94-3389190

HC: _____	Pet Name: _____	Sex (M/F): _____	DOB: _____	MC #: _____
Breed: _____	DSH <input type="checkbox"/> DMH <input type="checkbox"/> DLH <input type="checkbox"/> Color / Markings: _____			
Veterinarian: _____	Spay/Neuter Date: _____			
Diet/Comments: _____				

ADOPTION APPLICATION & CONTRACT

Name (please print): _____
 Address: _____
 City _____ State _____ Zip: _____
 Home #: _____ Cell #: _____ Work#: _____
 Email: _____
 Type of Housing (check one) House: Own *Rent Condo: Own *Rent * Apt: _____ * Military Housing: _____
 Landlord(s) Name (if renting/leasing): _____ Phone #: _____
 * I have my Landlord(s) permission to have pet(s) on the property where I live (your initials) _____
 How long at this address? _____ # In Household: Adults: _____ Children: _____ Children's Ages: _____
 Are there any known Allergies related to domestic animals? No _____ Yes _____ If yes, explain: _____

PET HISTORY: Please include all pets currently & previously owned in the past 5 years (use the back of this form if you need more space)

Type of Pet	Age	Sex	Spayed / Neutered	Kept In / Out	How Long Owned	Where is pet now?

Reason for wanting to adopt: Companion _____ House Pet _____ For Children _____ Companion for Other Pet _____ Gift _____
 Length of time this pet will be left alone each day: _____ Daytime _____ Evening _____ Both _____
 Who will be responsible for pet's routine daily care? _____
 Your Veterinarian's Name: _____
 Where did you learn about HALO? _____

I certify that all the information above in this is true and correct and I understand that false information may void the adoption application and contract.

In assuming responsibility for the animal listed above, I agree to abide by the following: I will provide a loving home, nutritional food, medical care, and immunizations required to maintain good health. I will never allow this animal to be physically abused and I will protect it from dangers such as hazardous traffic, other animals or malicious people.

I agree not to de-claw (your initials) _____. I will respect and obey all County and/or City animal control laws pertaining to this animal (all dogs 4 months or older must receive a rabies vaccine (if not already current) and be licensed within 30 days of adoption). I understand that this is my responsibility and not that of HALO and/or its volunteers.

I further agree that, if unable to keep this cat, I will contact HALO before placing this animal with any other person, humane society, or animal shelter. I understand that HALO does not have a shelter or kennel facility, so I agree to keep the animal safe until HALO can determine if another home or temporary foster care can be found.

I also understand that I will not hold HALO responsible for any damage occurred to my home by this animal(s), nor for any disease my personal pets may contact from this animal(s), or physical injuries incurred to me or to my personal pets. I understand and agree that HALO volunteers are authorized to remove the above animal from my home if I have misrepresented my position or myself in any way, or if there has been a violation of this Adoption Agreement. **I ALSO AFFIRM THAT I HAVE READ THE ABOVE AGREEMENT, UNDERSTAND ITS CONTENTS, AND AGREE TO ABIDE BY THESE TERMS.**

By signing below, I hereby grant to H.A.L.O. the right and license to use my name, image, likeness, and comments in H.A.L.O. materials. These materials include but are not limited to advertisements, brochures, news releases, magazines, newspapers, newsletters, videos, and Web sites

ADOPTEE'S SIGNATURE: _____ DATE: _____

Donation: \$ _____ Cash Check Credit Card