



HC/HD #:	Pet Name:	Sex (M/F):	DOB:	Microchip #:
Breed:	Color / Markings:	Spay/Neuter Date:	Veterinarian:	
Vaccinations: Bortella - FeLV/FIV		DHLPP / FVRCP	Rabies	
Treatments: Flea	De-Worming	Diet/Comments:		

ADOPTION APPLICATION & CONTRACT

Name (please print): _____ Email: _____
 Address: _____ City, State & Zip: _____
 Home #: _____ Cell #: _____ Work#: _____
 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: _____
 Do you have a private yard? Yes No Do you have a fence? Yes No Type: _____ Height: _____
 Do you have a kennel (Dog)? Yes No A pool? Yes No Is pool fenced / enclosed? Yes No
 Any known Allergies related to domestic animals? Yes No If yes, explain: _____

PET HISTORY: Please include all pets currently & previously owned in the past 5 years (continue on back of 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 _____
 Where will pet be kept? Daytime: _____ At Night: _____
 Who will be responsible for pet's routine daily care? _____ Veterinarian Name: _____
 If pet will be kept outdoors, describe shelter: _____
 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, debark, tail dock or ear crop (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 H.A.L.O. and/or its volunteers.

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

I also understand that I will not hold H.A.L.O. 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 H.A.L.O. 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** **Check #:** _____ **Bank:** _____
CA Driver License # _____ **Exp. Date:** _____ **Verified by (Volunteer Initials):** _____