



Mail: P.O. Box 94, Meadowlands, PA 15347  
 Site: 390 Old Hickory Ridge Rd., Washington, PA 15301  
 724-229-7053 | www.angelridgeanimalrescue.org

Date \_\_\_\_\_  
 Dog \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Sex \_\_\_\_ Age \_\_\_\_ Fee \_\_\_\_\_  
 Check \_\_\_\_ Cash \_\_\_\_ CC \_\_\_\_

## DOG ADOPTION APPLICATION

### ADOPTER INFORMATION

Name \_\_\_\_\_ Tel \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ Are you over 21? Y  N   
 Employer \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Hours at work per week (*If Employed*) \_\_\_\_\_

### OTHER RESIDENTS' INFORMATION Spouse Partner Roommate

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_ Hours at work per week \_\_\_\_\_ No. of adults in home \_\_\_\_\_  
 No. of children in home \_\_\_\_\_ Ages \_\_\_\_\_ Have they lived with dogs? Y  N   
 Describe any problems \_\_\_\_\_ Is anyone at home allergic to dogs? Y  N

### PERSONAL REFERENCES (THREE)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Location (City/State) \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Location (City/State) \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Location (City/State) \_\_\_\_\_ Phone \_\_\_\_\_

### VETERINARIAN INFORMATION

[ Current Vet:  or Future Vet:  ]

Name \_\_\_\_\_ Clinic/Office \_\_\_\_\_ Tel \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### DESCRIBE YOUR EXPERIENCE WITH DOGS

Why do you want a dog? \_\_\_\_\_  
 Why did you choose this dog or breed? \_\_\_\_\_  
 Have you owned this breed mix? Y  N  Can you commit to care for the dog's entire life? Y  N   
 Have you had a dog that did not work out for you? Y  N  What happened to it? \_\_\_\_\_  
 Have you owned dogs in the last 10 years? Y  N  What happened to them? \_\_\_\_\_  
 Does your family have sufficient time and resources to meet this new dog's needs? Y  N

## OTHER PETS

How many dogs do you have? \_\_\_\_\_ Breed Mix \_\_\_\_\_ Ages \_\_\_\_\_ Sex \_\_\_\_\_

Where did you get them?  Breeder  Pet Store  Inherited  Stray  Other: \_\_\_\_\_

Adopted from \_\_\_\_\_ Shelter/Rescue. Are all dogs spayed/neutered? Y  N

List all other pets in the home \_\_\_\_\_

Any behavior problems? \_\_\_\_\_ Have the other pets lived with dogs? Y  N

## YOUR HOME

Type of home:  Apartment  Townhouse  Duplex  Single Family  Mobile Own or Rent? \_\_\_\_\_

I have permission to have a dog from (*Landlord & Tel*) \_\_\_\_\_

Front Yard is Completely Fenced Y  N  Height \_\_\_\_\_ Back Yard is Completely Fenced Y  N  Height \_\_\_\_\_

How and where will dog relieve itself? \_\_\_\_\_

Are there any community restrictions on dogs? Y  N  (describe) \_\_\_\_\_

## THE DOG'S LIFE

How many days and daylight hours will your dog be alone? \_\_\_\_\_

What will your dog be doing when alone at home? \_\_\_\_\_

Where will your dog spend the days?  Secure Room  Crated  Finished Basement  Unfinished Basement

Garage  Porch  Yard  Tied Outside  Dog House  Kennel Run  Free Roaming in House

Share  
more  
details  
with us:

Where will your dog spend the nights?  Secure Room  Crated  Finished Basement  Unfinished Basement

Garage  Porch  Yard  Tied Outside  Dog House  Kennel Run  Free Roaming in House

Other Area (describe): \_\_\_\_\_

What activities do you plan for your dog? (*check all that apply*)

Daily Walks  Jogging  Swimming  Dog Park  Dog Day Care  Other: \_\_\_\_\_

Will you be taking obedience class Y  N  Describe other type of training? \_\_\_\_\_

How will your dog be cared for when you are on vacation? \_\_\_\_\_

Any other  
general information  
you would like  
us to know:

## HOME VISIT

I agree to allow an Angel Ridge representative to visit my home by appointment, if necessary.

# Angel Ridge Animal Rescue Adoption Agreement

1. **The Dog:** We are placing the described dog or puppy: \_\_\_\_\_ with you as a pet in your household.
2. **Sterilization:** The dog's sterilization is a requirement of our adoption process. If the dog has not been sterilized prior to adoption, you agree to comply with the appointment that is scheduled for the dog/puppy **with our veterinarian per page 4.**
3. **Adoption Fee** \$\_\_\_\_\_ for adult dogs and \$\_\_\_\_\_ for puppies (unless otherwise indicated). The adoption fee is **only** refundable during the first 2 weeks. In some circumstances we may agree to allow you to select another dog/puppy.
4. **Microchip:** Your dog has a microchip. Upon finalized adoption, ARAR will transfer the microchip to your name/address.
5. **No Representation: Most of the dogs at Angel Ridge Animal Rescue (ARAR) have come to us as strays or rescues from dangerous or undesirable situations. You agree that we make no representations or guarantees about the physical condition, personality, or temperament of the dog.**
6. **Care of the Dog:** You are adopting this dog to be an "inside" dog that is housed within your home. You agree to provide the dog with access to the living quarters of your house, fresh water 24 hours a day, adequate dog food, and outdoor exercise. You will walk the dog on a leash or place the dog in a protected area or other enclosed outdoor area and never allow the dog to run free in an unsupervised manner. You will treat the dog as a household companion and family member. You will not confine the dog for extended periods of time. You agree to never use the dog for fighting, as a guard dog where aggressive behavior is encouraged, or as an animal whose primary job is hunting.
7. **Veterinary Care:** You agree to have the dog seen by your veterinarian at least on a yearly basis. In case of illness or injury you agree to seek prompt veterinary care. You agree to keep all required vaccinations current and **will administer monthly heartworm and flea/tick preventative for the life of the dog.** You consent to us inquiring with your veterinarian about your previous experiences with dogs or the status of this dog.
8. **Transfer; Euthanasia:** You agree not to abandon, give away, sell, or dispose of the dog in any way, and to notify ARAR immediately at any time you determine you no longer want to, or no longer can, keep the dog. You agree that you may never surrender the dog to an animal shelter. You agree that you may not euthanize the dog except in the case of the dog's terminal illness or injury, or old age accompanied by pain and suffering and in that case, the euthanasia must be performed by a licensed veterinarian in a private clinic or hospital.
9. **Lost Dog:** You agree to make a serious effort to find the dog if it becomes lost, by immediately (a) filing lost reports with the local police, animal control authorities, animal shelters, SPCAs, and local veterinarians, (b) posting lost dog signs, and (c) contacting us for additional advice.
10. **Breach of Agreement; Liquidation Damages:** In the event that you do not comply with the terms of this agreement, or the dog is abused or neglected, one of our remedies will be to recover the dog from you upon demand. Promptly after the demand, we will come to your residence and you will surrender the dog immediately. In addition, without waiving any of our rights under this agreement, if you do not surrender the dog to us, you will owe us a payment in an amount as determined by us as just and reasonable liquidated damages to compensate us for our cost and expenses in connection with your breach of this agreement.
11. **No Liability:** We are not liable for any claims, legal actions, losses, injuries, damages, costs, expenses, or liabilities whatsoever in connection with your adoption or ownership of the dog.
12. **Entire Agreement; Modification; Binding Effect:** This agreement is the entire agreement between you and us and supersedes any prior understanding between you and us with respect to the subject matter of this agreement. No modification of this agreement will be valid unless in writing duly signed by both you and us. This agreement is binding upon your and our heirs, assigns, successors, personal representatives and executors.

**Procedure Requirements to Return/Surrender an ARAR dog:**

1. Owner will provide at least 48 hours notice to ARAR of return.
2. Owner will return dog with proof of up-to-date rabies vaccination.
3. Adopter will provide all veterinary records accrued during adoption.
4. Adopter will complete ARAR Dog Surrender Form.

**This final agreement is effective as of (date):** \_\_\_\_\_ **between Angel Ridge Animal Rescue and the adopters or undersigned below:**

ARAR Print Name \_\_\_\_\_ Date \_\_\_\_\_

Adopter Print Name \_\_\_\_\_ Date \_\_\_\_\_

ARAR Sign Name \_\_\_\_\_

Adopter Sign Name \_\_\_\_\_



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Adopter Print Name \_\_\_\_\_ Date \_\_\_\_\_

Adopter Sign Name \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# Sterilization — Important Information for Spay/Neuter Surgeries

Your adoption fee includes the charges for the “basic” spay or neuter of your dog on the date and at the location indicated:

Date: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ at \_\_\_\_\_

Oral or written instructions will be provided. The following are important reminders for you pertaining to the health and condition of your dog on the day of the appointment.

1. You must withhold food beginning at midnight on the day of the surgery. It is okay to offer water. Food in the stomach can be vomited up once the dog goes under anesthesia. In some cases, the dog can choke on the vomit and die. If the veterinarian sees your dog beginning to choke, she may discontinue the surgery or administer an injection to stop the vomiting. Please be mindful of this for the safety of your dog. If an injection is administered or there are charges for the discontinued surgery, you are responsible for them, reimbursing ARAR if we have been billed for the charges.
2. If your dog is a female, she may have come into "heat" while waiting for her surgical appointment. The uterus is enlarged with blood. Some females who come into heat do not have a vaginal discharge, however their vulva is enlarged. If your dog is in heat and goes into surgery, the worst case is that she can bleed excessively during surgery and die. In all cases, this presents a more intricate surgery for the veterinarian and a more difficult recuperation for the dog.

Please check your female dog at least two days before the scheduled surgery, and if you feel that she may be in heat, call Sandra Schiller and the surgery will be re-scheduled. You will be responsible for the additional charges of surgery relative to the dog being in heat with an enlarged uterus.

3. All dogs that are adopted from ARAR are up to date with flea and tick preventatives. If your dog is presented for surgery and the veterinarian believes that he/she is flea infested, the veterinarian may decline to do the surgery or may administer a medication that will kill the fleas and ticks immediately. You will be responsible for any flea and tick medications administered by the veterinarian, reimbursing ARAR if we have been billed.

By signing, below, you agree to be responsible for the reimbursement of all non-basic charges of your dog's sterilization for which ARAR may be billed:

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

## Photo Release Permission

It is customary for staff and/or volunteers to take photos of adopters with their newly adopted pet, and during our activities such as off-site adoptions, fundraisers, or interaction with the animals at ARAR.

The photos may be published on our website, Facebook, other social media, or printed in our newsletter. The photos are appreciated by those who have followed the rescue pet's journey while at ARAR, and for others, illustrates the rescue work that we do.

By signing this Agreement, you permit ARAR to use the photo in one of the aforementioned ways. You also agree to not hold ARAR liable for any claims, legal action, losses, damages, costs, expenses, or liabilities in connection with the use of your photo.

\_\_\_\_\_ I agree that ARAR may use any/all photos taken of me, my family, those who accompany me and my pet.

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

## Tick-Borne and Heartworm Disease

If detected soon enough, Lyme's disease and the other **Tick-borne diseases** are controllable and can be eliminated through a one- to- three- month protocol of doxycycline. You may also want to ask your Veterinarian about a Lyme's disease injection which will provide added protection.

**Heartworm disease** is transmitted by mosquitos and is a serious and potentially fatal disease. Adult heartworms are found in the heart, pulmonary artery and adjacent large blood vessels of infected dogs. Female worms are 6-14 " long, and males are about half the size of the female. Adult heartworms may live up to five years. During this time, females produce millions of offspring called microfilariae.

For a period of about 6 months after Heartworm treatment, if your dog is Heartworm tested, the test result will be a slight heartworm positive.

Heartworm disease and Tick-borne diseases cannot to be transferred from dog-to-dog. For your new dog to live a long and healthy life, **a monthly heartworm preventative is necessary.** You may want to discuss ongoing treatment options with your Veterinarian.