

Adoption Application – for rescued strays from Stray Streets TNR maintained Havre de Grace colonies

Name: _____ Phone (H) _____ (c) _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Emergency contact: _____ Relationship: _____ Phone: _____

Animal's name I am interested in adopting: _____

Reason for wanting to adopt: _____

What expectations do you have of this/these animal(s): _____

Have you had pets before? Yes no If yes, what type of animal(s)? _____

Do you live in a: House Condo Apartment Mobile Home Do you own or rent? _____

If you are renting have you obtained permission from your landlord to have pets? _____ Is there an additional security deposit required? _____

Do you live: _____ alone _____ with spouse _____ with others (roommates) _____

Names & contact information of other persons living in this home:

Name & contact information (email, phone)	Age	Relationship to Applicant	Has agreed to adoption of said animal(s)	Will be a direct caregiver Y or N	Any known allergies to fur or pet dander

Number & types of other pets: _____ Do all pets get along? Y N

If no, please explain how you deal with the issue _____

Please list all pets you have had in the past five years:

Species/ Breed	Approx . age	Sex	Spayed/ Neutered ?	Declawed ?	Indoor, Outdoor, Indoor/Outdoor	Yrs own- ed	Still living w/you ?	If not, why?

If you've had pets before please provide:

Veterinarian's Name: _____ Address: _____ Phone: _____

May we contact the vet & staff? _____

Is anyone in your household allergic to cats or dogs? Y N If yes, how do you plan to cope w/allergies? _____

Where will the cat stay: Separate room (describe) _____

Who will care for the cat when you are out of town, or on vacation? _____ Relationship: _____

How long are you willing to keep a particular animal? (circle one) WEEK MONTH YEAR LIFE OF PET OTHER _____

Please check the type of animal(s) you will be interested in adopting:

_____kitten(s) _____cat(s) _____puppy(ies) _____dog(s)

Any & all known health issues will be disclosed before adoption, but it is to be expected to have to vet the animal from time to time during its life.

Are you willing to administer medications? _____ Special needs –medical _____

Are you willing to work out any behavioral issues that might arise over time if given guidance to possible causes & solutions? ____yes ____no

What would you consider a deal-breaker (an issue(s) that would cause you to look to rehome the animal? (Please be honest – we all have limits to our patience, financial status, etc....)

Are you willing to transport the animal for any necessary veterinary care? _____

References: (Please chose at least 2 people not related to you. We do contact all references so please let them know we will be contacting them.)

Name address e-mail phone number years known

Name address e-mail phone number years known

Name address e-mail phone number years known

I understand that the animal(s) provided by Tamara L. Stickler to me for adoption has been only recently removed from the streets and received what veterinary care could be provided due to age and health. I understand that all KNOWN information about said animal(s) has been provided to me but that it is impossible to have a complete history on this particular rescue animal. I agree to hold harmless Tamara L. Stickler for any damage said animal(s) might do, directly or indirectly to myself, my possessions, &/or any person or animal in my care. I agree that I would be adopting said animal(s) of my own free will and understand that it may have behavioral or health issues that need to be addressed with patience, training &/or medical care. I agree to seek this training or medical care as directed by a veterinarian or animal behaviorist.

I understand and consent to a home visit either before or when an animal is placed in my care. I understand and consent to the possibility of a post-adoptive visitation to check on the well-being of the animal. I understand and consent that should the care I am providing be determined to violate the conditions of this contract that the animal will be immediately removed from my care and re-homed, my rights to ownership of said animal will be void and the donation made at the time of adoption will not be refunded.

I understand that while Stray Streets TNR, a committee of The Community Projects of Havre de Grace, a 501(c)(3) non-profit organization oversees the colonies where Tamara rescued this animal(s) that neither Stray Streets TNR nor Community Projects of Havre de Grace are rescue organizations and as such cannot be held responsible for any damages of any sort incurred by said animal(s).

I understand that should I be approved for adoption that there is a minimum donation to be made to The Havre de Grace Community Projects, Inc.'s Stray Streets TNR committee of \$65/per animal to cover life-time microchip registration. This donation & any extra monies are 100% tax deductible as we are a 501(c)3 non-profit organization. Each animal our organization spays/neuters, vaccinates & cares for daily on the streets is provided for by private donations only. Stray Streets TNR volunteers independently remove as many friendly strays as possible in an attempt to find them good homes. It is our hope that individuals that adopt our Havre de Grace strays will remember that their families still struggling for survival on the streets by providing a gift(s) to help continue our efforts to control overpopulation. Each animal that is approved by our volunteers for private adoption has been fully vetted: spay/neutered, vaccinated for rabies, distemper, treated for any injuries or illnesses, combo tested for diseases, treated for fleas & dewormed, and microchipped. The costs of this veterinary care provided for animals offered by our volunteers for adoption generally range from \$120 -\$170 per animal. Every animal spayed/neutered, vaccinated, treated for wounds or illness & returned to their colonies on the streets costs generally \$50-\$110/per animal, not including continued daily feedings. Our volunteers require the minimum donation of \$65 to offset a small portion of the costs so that we may continue to help others in need. Currently Stray Streets TNR is providing for daily care for over 200 strays living on the streets of Havre de Grace, MD.

I declare that all information that I have provided in this document is complete and true to the best of my knowledge, that neither myself nor any person either living in my household or visiting my household has a criminal record for or in under investigation for animal or domestic violence or abuse. I understand and agree that should any of the information I have provided prove false, should I fail to provide agreed upon care that the animal may be removed from my home immediately. Names & signatures are required below for each person residing in home of the family applying for adoption:

(name – printed)

(date)

(Signature)

(name – printed)

(date)

(Signature)

(name – printed)

(date)

(Signature)

Tamara L. Stickler
c.443.310.5061, work. 410.939.9003
StrayStreetsTNR@gmail.com

(date)

(Signature)