



Saving Grace

PET ADOPTION CENTER

Department Manager Use Only

Department Manager Checklist:

- Evaluation Review - Medical
- Evaluation Review - Behavioral
- Diet & Exercise
- Introducing to other pets at home
- Daily interaction, socialization
- House training, litter box training
- Outdoor dog requirements
 - fencing, shelter, tethering
- FIV/FeLV testing
- Outdoor cat requirements
 - Vaccines for leukemia
- Grooming and health maintenance
- Children and other family members
- Microchipping
- Pet Insurance
- Free Wellness Check
- Bringing your new pet home
 - (What to expect)
- Kennel cough, Upper Respiratory or any other medical treatment this animal is currently being treated for and/or has meds to go home with them.
- Bite history _____

I received and understand the counseling:

(Adopter's Signature)

CHECK ONE:

Please **ADD** me to receive email communication from SGPAC & their partners

Please **DO NOT** add me to receive email communication from SGPAC & their partners

Approving Manager's initials: _____

Animal Pick-up Date: _____

Pet Adoption Application

Thank you for visiting SGPAC. We are a private, non-profit animal shelter that relies on support from the public to provide valuable services to the animals of Douglas County. The application process will assist both you & us in determining if your household is prepared to assume the role of responsible caretaker for a shelter animal. Please know that applying for adoption does not ensure approval. Saving Grace reserves the right to refuse adoption to anyone. No animal will be adopted to prospective guardians who mislead or fail to provide accurate information on this application.

Animals Name: _____

Your Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact for Pet (if we or the microchip company are unable to reach you) Name: _____

Home phone: _____ Other phone: _____

Do you: rent own live with family other _____

Do you have a fenced in yard, or outdoor space (dogs only) if so please describe

Is there any livestock or exotic pets in your neighborhood? yes no _____

How many children in the home (& their ages)? _____

Where will this pet be when you are not home? _____

Your newly adopted pet could develop an illness after adoption that may or may not have been contracted at the shelter. Should your new pet become ill are you willing to have them treated by your vet at your own cost? yes no

If the illness is contagious, and your other pets contract the disease are you willing to have them treated at your own cost? yes no

Are there any questions you have or pet health topic you would like to discuss?

How did you find out about this animal? (Circle one)

- Family/Friend Referral
- savinggracepetadoptioncenter.org
- Previous Adopter
- Petfinder.com
- Always adopt from shelter
- Radio
- Newspaper
- Facebook
- Employee/Volunteer
- Off Site event
- Field Trip
- Other _____

Please list current pets in home.

| Pet's Name | Breed | Age | Altered? | Current Vaccines? |
|------------|-------|-----|----------|-------------------|
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The answers to the above questions are true to the best of my knowledge. I will not give or transfer the animal to another party without notifying Saving Grace. I realize failure to comply with Saving Grace's contract and the above stipulations may result in confiscation of the adopted animal.

Signed: _____ Date: _____