



Camden-Rockport Animal Rescue League & Sexton Animal Shelter
P.O. Box 707, 146 Camden Street, Rockport, Maine 04856
(207)236-8702 email: sextonas@midcoast.com
Website: www.crarl.org

CANINE Foster/Adoption Application

Name of CANINE you are applying to adopt_____

Applicant's name_____Date_____

Name of Spouse or other adult(s) living in the home_____

Physical address_____Town_____State_____Zip_____

Mailing address_____Town_____State_____Zip_____

How long have you lived at this address? _____years _____months

Home Phone _____Work Phone _____Cell/Pager_____

In helping us decide if you and the animal you have chosen are well suited for one another, please answer the following questions truefully and to the best of your ability. If follow-up investigations after you have adopted an animal from C.R.A.R.L. INDICATES THAT ANY OF YOUR ANSWERS WERE FALSE, YOU MAY HAVE TO SURRENDER THE ANIMAL BACK TO US, AS WELL AS PAY OUR COSTS OF ENFORCING THE TERMS OF THE ADOPTION CONTRACT.

1. Name of employer_____

2. Do you own your own home? YES NO

3. Do you rent? YES NO

Landlord's name_____

Landlord's phone number_____

4. Do you currently own any pets? YES NO

If yes, please list type(s) and ages_____

Please list animal's names:_____

Who is your veterinarian now?_____

5. Have you ever owned pets in the past? YES NO

If yes, please list type and explain what happened to them._____

Please list animal's names_____

Who was your veterinarian in the past?_____

6. For what purpose do you want to adopt this dog? Circle all that apply:

COMPANION
FAMILY PET

WATCH DOG
CHILD'S PET

BREEDING
COMPANION FOR OTHER PET

HUNTING DOG
FOR OTHER PET

GUARD DOG
OTHER_____

7. How many hours a day will the dog be left alone? _____

8. Will the dog be an? INSIDE PET OUTSIDE PET INSIDE & OUTSIDE PET

9. What type of shelter will be available if the dog will be outside?_____

10. Where will the dog be at night?_____

11. Is any member of your household allergic to dogs? YES NO
12. How many children are living in the home? _____ Ages? _____
13. Who will be responsible for the care of the dog? _____
14. What do you plan on doing with the dog if you have to move? _____
15. What will you do with the dog when you go on vacation? _____
16. If you do not have a veterinarian, what veterinarian will you be setting up an account with? _____
17. Have you adopted or applied to adopt from a shelter before? YES NO
If YES, shelter name _____ Location _____
- How did you learn about our shelter? _____
18. After you have adopted a dog, will you allow a representative from C.R.A.R.L. to visit your home and inspect the animal and his/her facilities? YES NO
If NO, why not? _____
19. REFERENCES:
- May we call your veterinarian for a reference? YES NO Phone number? _____
- PERSONAL REFERENCE #1 (NOT related) _____
Phone number _____
- PERSONAL REFERENCE #2 (NOT related) _____
Phone number _____

Getting a dog is a serious and permanent commitment; they depend on you for food, shelter, concerned attention, and medical care. In return, they give you unconditional love and companionship.

20. Are you prepared to manage the cost and care involved in keeping this companion, no matter what medical condition(s) may arise in the future? YES NO
21. If you find that you cannot afford to keep this pet, are you willing to relinquish the pet back to C.R.A.R.L. to receive the Medical care it may need? YES NO

When dogs are outside for an extended period of time, they must be sheltered from inclement weather, including prolonged exposure to cold, heat, and direct sunlight. They should never be allowed to run loose, for their own safety and that of the community.

By signing below you are committing to recurring check-ups, to include DISTEMPER, RABIES and annual HEARTWORM test before mosquito season (as well as preventative) and/or vaccinations required by your veterinarian. You are committing to registering your dog at your town of residence. Please take notice when rabies and other vaccinations are due.

If there comes a time when you cannot keep this pet PLEASE inform us first and we will do our best to see that it gets a good home.

Signature of applicant (must be 18 or older) _____

Printed name of applicant _____

For OFFICE use only:

APPLICATION REFERENCE CHECKS

LANDLORD REFERENCE: **DATE**_____ **EMPLOYEE INITIALS**_____
NAME_____ **PHONE #**_____

VETERINARY REFERENCE: **DATE**_____ **EMPLOYEE INITIALS**_____
NAME_____ **PHONE #**_____

PERSONAL REFERENCE #1: **DATE**_____ **EMPLOYEE INITIALS**_____
NAME_____ **PHONE #**_____

PERSONAL REFERENCE #2: **DATE**_____ **EMPLOYEE INITIALS**_____
NAME_____ **PHONE #**_____

EMPLOYEE RECOMMENDATIONS/COMMENTS:

APPROVED_____ **DENIED**_____ **EMPLOYEE INITIALS**_____ **DATE**____/____/____

