ToyYoyo Acres Pomeranians Carol Anderson 828-578-2930

## Dog Adoption Application Form

| Contact Information   |                     |
|---|---------------------|
| Full name:  |                     |
| Occupation:   |                     |
| Address:  |                     |
| How long at this address:   | Daytime             |
| Phone:  | Best time           |
| to call:  |                     |
| Email address:  |                     |
| Family & Housing  |                     |
| How many adults are there in your family (their relationship to yo  | ou)?                |
| How many children (ages)?   |                     |
| What type of home do you live in single family, town home, apartietc.?  | ment, farm,<br>     |
| Please describe your household: Active Noisy Quiet Av   | erage               |
| If you rent, please give the rules governing pets and the landlord  | 's name and number: |
| (by providing this information you are allowing Toyyoyo Acres to  | contact your        |
| landlord. Please inform them of this call so they will speak wi   | th us)              |
| Does anyone in the family have a known allergy to dogs?   |                     |
| Is everyone in agreement with the decision to adopt a dog?  |                     |
| Do you have time to provide adequate love and attention?  |                     |
| Other Pets What other pets do you have (specify type and number)? Are these pets up to date on vaccines? Are these pets spayed/neutered? If notwhy? |                     |
| Have you ever surrendered a pet? If so, why?  |                     |
| Have you ever had a pet euthanized? If so, why?   |                     |
| Have you ever lost a pet to an accident?  |                     |
| How do you discipline your pets and why?  |                     |

| Veterinarian  Do you have a regular veterinarian? Yes No  Veterinarian's name:   |
|--|
| About the Dog You Wish to Adopt What is your idea of an ideal dog and why? Desired Age: Desired Size: Desired Breed:   |
| Breed you would not adopt:   |
| Desired : _ Spayed Female _ Neutered Male _ No preference  |
| Where will the dog spend the day?  |
| Where will the dog spend the night?  |
| Number of hours (average) dog will spend alone?  |
| Who will have primary responsibility for this dog's daily care?  |
| Who will have financial responsibility for this dog?  Do you agree to provide regular health care by a Licensed Veterinarian? Yes No Do you agree to keep the dog as an indoor dog?YesNo When the dog goes out, how do you plan to supervise it? Fenced yard? Do you agree to contact Toyyoyo if you can no longer keep this dog?YesNo |
| Are you be willing to let a representative of Toyyoyo Acres visit your home by   |
| appointment?   |
| YesNo<br>How did you hear about Toyyoyo Acres?   |
| Would you be interested in fostering?YesNoWould like to know more  |
| Personal References Please list someone who is familiar with both you and your pets. Name: Addres Phone:   |
| Years Known: Relationship (relative, neighbor, friend, etc.):  |

| Name:   |                      |
|---|----------------------|
| Addres  |                      |
| Phone:<br>Years Known:  |                      |
| Relationship (relative, neighbor, friend, etc.):  |                      |
| All of the information I have given is true and complete. This dog will reside in   |                      |
| as a pet. I will provide it with quality dog food, plenty of fresh water, indoor affection, annual physical examination and vaccinations under the supervis         |                      |
| Licensed Veterinarian.  | ion or a             |
| (Signature)   |                      |
|   | (Date)               |
| Please return this form   |                      |
| to Toyyoyo Acres<br>Carol Anderson  |                      |
| 3802 Piney Rd   |                      |
| Morganton NC 28655  |                      |
| toyyoyo@yahoo.com   |                      |
| ADOPTION CONTRACT   |                      |
| NO GUARANTEE AGAINST CONGENITAL DEFECT OR DISEASE   |                      |
| NO GUARANTEE ON AKC CERTIFICATES  |                      |
| We CAN NOT guarantee the delivery of the AKC registration.  |                      |
| DOG HEALTH CARE We have provided any and all shot records to our knowledge. Once in your car  | ra vou agrae to      |
| complete any future vaccinations, i.e. rabies and heartworm prevention at 4 mg  |                      |
| not guarantee your dogs health. Due to the amount of rescues we do, we try ou   | r best to bring your |
| dog up to health but some of them come to us in really poor health and only tir   |                      |
| help. We are a NONPROFIT organization and all vet bills, vaccinations, and for our pocket. We REQUIRE all adoption dogs to be spayed or neutered. Failure           |                      |
| ToyYoyo Acres the right to take back the dog.   | 30                   |
| IMPORTANT   |                      |
| ToyYoyo Acres reserves the right to take back ownership and void any and all puppy if we feel he is being neglected, harmed, or abused in any way, and/or reserves. |                      |
| animal shelter. We require that the puppy, no matter how old he is, be brought  |                      |
| no longer keep him or things are not working out. NO ADOPTION DONAT   | IONS OR FEES         |
| will be refunded.   |                      |
| Description of Description  |                      |

Description of Dog:

Color: \_\_\_\_ Sex: \_\_\_ Age at Time of Adoption: \_\_\_\_ Date of Adoption: \_\_\_\_ Adoption Fee: \$\_\_\_ Terms: \_\_\_ Additional Comments: \_\_\_\_

| Buyer's Name:  |  |
|--|--|
| Address:   |  |
| City, State, Zip:  |  |
| Home Phone:  | Work Phone:  |
| I, the buyer, agree to this guarant correct to the best of my knowledge. | ntee and contract. I further state that all information on this form is edge.            |
| Signature:   | Date:  |
| ToyYoyo Acres agrees to this g<br>this form is correct to the best of    | guarantee and contract. And further states that all the information on of our knowledge. |
| Signature:   | Date:  |
| Witness:   | Witness:   |