



Pet(s) Name \_\_\_\_\_

Description \_\_\_\_\_

Age \_\_\_\_\_

Gender M/N \_\_\_ F/S \_\_\_

FOSMAS ID# \_\_\_\_\_ Microchip ID#: \_\_\_\_\_

Friends of San Martin Animal Society

P.O. Box 71, Morgan Hill, CA 95038

Phone: (669)228-4440; Email: info@fosmas.org

### ADOPTION APPLICATION

We're committed to placing our pets in the best possible homes. Please complete all blanks or circle the answers below to help us match you with the right pet. All adoptions are preceded by this signed contract and payment-in-full of the adoption fee payable to FOSMAS; specialty breeds may be higher. Completing this application doesn't guarantee an adoption. FOSMAS may request that all members of the household, including existing pets, be present during the adoption process to ensure complete compatibility between the family and the pet being considered for adoption.

Adopter's name \_\_\_\_\_

Adopter's address \_\_\_\_\_

Partner's name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's license # \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

I can best be reached by: Home Phone \_\_\_ Work Phone \_\_\_ Cell Phone \_\_\_ Email \_\_\_ Text \_\_\_

Adopter Employer \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ How long with this employer? \_\_\_\_\_

Partner's Employer \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ How long with this employer? \_\_\_\_\_

Names & ages of other family/household members \_\_\_\_\_

Do they approve of this adoption? Yes No Is anyone in your household allergic to animals? Yes No

Have all members of your household been around and exposed to the type of pet being adopted? Yes No

I/we live in a: House Condo Apartment Townhouse Mobile home I/we: Own Rent If renting, are pets allowed? Yes No

*If renting, you must provide proof indicating that pets are allowed and that you agree to any added rent or deposits necessary.*

Landlord/Management Co. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ How long at this address? \_\_\_\_\_

Are there screens on all windows and doors? Yes No Is there a pet/doggie door? Yes No

Is there a private fenced yard? Yes No Enclosed courtyard? Yes No Dog run or catio? Yes No

Do you have expensive furniture/collectibles? Yes No Do you expect to move within the next 6 months? Yes No

Do you currently have construction/remodeling ongoing in your house, or plan to have soon? Yes No

Have you ever had a pet before? Dog Cat Other \_\_\_\_\_ Have you recently lost a pet? Yes No

Do you currently have a pet? Dog Cat Other \_\_\_\_\_ Are your current pets current on vaccinations Yes No

Where do your current pets live/sleep? \_\_\_\_\_ Where will your new pet live/sleep? \_\_\_\_\_

If adopting a cat, will the new cat be: Indoor Only Indoor/Outdoor Outside Only

Who is the primary pet caretaker? \_\_\_\_\_ When you're away, who cares for your pets? \_\_\_\_\_

Have you ever cared for a sick animal? No Yes (describe) \_\_\_\_\_

Who is your vet? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Do you know the annual cost of a pet? Yes No

Why do you want a new pet now? \_\_\_\_\_ How long have you been looking for a new pet? \_\_\_\_\_

Why do you like this particular pet? \_\_\_\_\_

Do you have a small room where the pet can stay till he adjusts to his new home? Yes No

How will you introduce this new pet to your resident pets? \_\_\_\_\_

Have you or would you ever surrender your pet to a shelter/pound? Yes No If yes, why? \_\_\_\_\_

What will you do with your pet if anyone in your household develops allergies? \_\_\_\_\_

Have you ever had a cat declawed? Yes No Do you plan to declaw this new cat? Yes No

What will you do with your pets if your life situation changes, e.g., college, marriage, pregnancy, birth, move, job transfer, job loss, divorce, death, etc? \_\_\_\_\_

Adoption Fee \$ \_\_\_\_\_ Paid by: Cash Check # \_\_\_\_\_ We charge a minimum \$25 NSF check fee for all returned checks.

Over



## Adoption Contract

Adopter's initials after each statement indicate he/she has read, understands, and agrees to each statement.

1. I understand FOSMAS has spayed or neutered, tested cats for leukemia and FIV, administered age-appropriate vaccines due, treated for fleas and worms as needed, and completed routine veterinary examinations to ensure my pet is in good health prior to putting the pet up for adoption. I will read the medical records provided upon adoption, and adhere to the recommendations listed on that document or told to me verbally, e.g., vaccination schedule, food suggestions, etc. I will follow FOSMAS' recommendations for introducing my new companion to my home and other pets, if any already reside in my home. \_\_\_\_
2. I understand my pet has a microchip to aid in identification and return should he/she become lost. I will contact Home Again (microchip database company) at (888) 466-3242 to verify my pet's microchip registration if I haven't received confirmation from Home Again within ninety (90) days of adoption (please note; rarely, other microchip companies might be used). If my pet becomes lost, I will immediately contact FOSMAS at (408) 681-3788, Home Again at (888) 466-3242, the local animal control, local newspapers, neighbors, other shelters, and post signs at pet stores and vet offices. I understand the best chance of finding my lost pet occurs within 24 hours. \_\_\_\_ Please provide the name and phone number for an ALTERNATE contact (someone other than the adopter or spouse) for the microchip registration: Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
3. FOSMAS strives to ensure the overall health of all animals adopted-out through FOSMAS, however, can't guarantee against future illnesses or conditions. I will immediately contact FOSMAS if my pet experiences any physical, medical, or behavioral problems within seven (7) days of adoption, and will follow FOSMAS' guidance to correct the problem. I understand FOSMAS is an IRS-registered publicly-supported 501(c)(3) nonprofit organization with minimal funds which help support and care for our animals. As such, I agree FOSMAS isn't responsible for any veterinary bills incurred by my pet for illnesses that may manifest after seven (7) days from the date of adoption below. \_\_\_\_
4. I understand participating veterinarians will provide one (1) free check-up following this adoption and upon presentation of the form showing proof of adoption. I will contact FOSMAS for a list of participating veterinarians. \_\_\_\_
5. I understand pet health insurance is advantageous for future veterinary expenses. Various pet health insurance policies are available, and some offer new client specials if completed within a certain timeframe. I will research pet health insurance; decide which best fits my needs; and choose or decline based upon this research. Having pet health insurance isn't required to adopt from FOSMAS. \_\_\_\_
6. If adopting a cat, I will not de-claw my cat. \_\_\_\_
7. I agree to allow FOSMAS to check on the welfare of my adopted pet from time to time either by phone, in person, or e-mail. I understand this isn't an infringement, but rather, is to ensure my pet is loved, safe, well taken care of, and happy. \_\_\_\_
8. I am aware of the long-term commitment I'm making by adopting a pet today. I agree to care for my pet for the rest of his/her life which I understand may be 10 to 20 years. I am a responsible pet owner and, as such, I will provide my pet clean, safe, comfortable indoor living space, make sure his/her vaccinations are always up-to-date, will take him/her to my veterinarian for annual examinations, and provide prompt emergency care as needed. \_\_\_\_
9. I understand and agree an animal's actions may be unpredictable, and FOSMAS makes no representations as to the behavior and temperament of my pet. I agree to accept possession of the pet at my own risk, and release and waive any and all claims against FOSMAS and its officers and volunteers now or in the future for any damages to person(s) or property caused by my pet. \_\_\_\_
10. I understand if I decide to return my pet within seven (7) days of the adoption date indicated below, FOSMAS will refund the adoption fee in full except for a \$20.00 handling fee. Unless I call FOSMAS to document a physical, medical, or behavioral problem I'm trying to work out, if I decide to return my pet at a date later than seven (7) days from the date below, there will be no refund whatsoever. \_\_\_\_
11. Frequently, FOSMAS adopts multiple pets that need to stay together. If I adopt multiple pets during this current adoption, but have to return one for any reason, I agree to return all adopted during this current transaction so multiples aren't split-up. \_\_\_\_
12. I understand and agree these statements constitute a contract between FOSMAS and me. If the above conditions are not met, or if inaccurate or unverifiable information was provided, this will constitute a breach of contract and custody of the cat will immediately revert to FOSMAS. \_\_\_\_

How did you hear about FOSMAS? \_\_\_\_\_ How did you hear about our petfair today? \_\_\_\_\_

Have you adopted from FOSMAS before Yes No \_\_\_\_\_ Which Pets? \_\_\_\_\_

\_\_\_\_\_  
Adopter's Signature

\_\_\_\_\_  
FOSMAS Representative's Signature

\_\_\_\_\_  
Date

Foster Contact Information: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_