

P.O. Box 1498

Choteau, MT 59422

Phone: (406) 466-2100 FAX: (406) 466-2192

BRIGHT EYES CARE & REHAB CENTER Adoption Application Canine

Date: _____

Personal Information:

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____

How long at this address? _____ If less than 2 years, please list previous address: _____

Married: _____ Single: _____ Live with parents: _____ Age: _____

No. of children in the home: _____ Ages: _____

Name of employer: _____ Phone: _____

Name of spouse's employer: _____ Phone: _____

Does anyone in your family suffer from allergies? _____

Have you adopted from Bright Eyes Care & Rehab Center before? _____

Residential Information:

Residence: House: _____ Apartment: _____ Condo: _____ Mobile Home: _____ Landlord's Name: _____

Phone: _____

Besides your immediate family, are there others residing in your home? _____

If yes, who? _____

Does your home have a yard? _____ Is there a fence? _____

Type of fence and how tall? _____

If the yard is fenced and when the gate is closed, will the dog be completely enclosed?

Adoption Information:

Have you ever owned a dog? _____

What is the longest period of time the dog will be left alone? _____

Where will the dog be kept during this time? _____

If kept outside, will there be a dog run/dog house? _____

Will you take your dog to obedience class if necessary? _____

Why do you want this particular dog? _____

What will you do with your dog if you move or go on vacation? _____

What will you do if your new pet chews things, dumps trash, etc.? _____

Will your dog be transported in the back of an open pickup? _____

Do you have any other pets? _____ What kind and how many? _____

Are these pets at your home spayed or neutered? _____

Vaccinations Current? _____ Veterinarian's name? _____

What will your reaction be if your pet does not get along with the adopted pet in the beginning?

List three references including names and phone numbers:

1. _____
2. _____
3. _____

I certify that the above information provided is true and correct. I am financially capable of taking care of this animal and will provide the proper food and veterinary care required. I understand that a home check may be mandatory prior to the adoption and that any false statements constitute grounds for removal of the animal from my care. I also understand and agree that Bright Eyes Care & Rehab Center may demand the return of the animal for any violation of the terms of the adoption policy and contract.

Signature: _____ Date: _____

Bright Eyes Care & Rehab Center reserves the right to refuse any adoption.

FOR STAFF ONLY

Approved: _____ Denied: _____ Comments: _____