

**ANIMAL ASSISTANCE LEAGUE OF ORANGE COUNTY
ADOPTION REQUIREMENTS**

- All members of the household must meet the pet prior to adoption.
- If the dog/cat is in a foster home, boarding kennel, or vet office, a completed application will be required before an appointment is arranged to meet the dog/cat.
- A Veterinary Reference is required. If your veterinarian no longer has your files, your application will not be processed.
- The Home Visit is scheduled when all the family members are present. The home and yard must be safe with adequate fencing (varies per dog), locked gates, and no poisonous plants or toxins.
- Pools, Jacuzzis, and spas must be fenced separately from the rest of the yard and must be adequate to keep the dog out.
AALOC requires that all pools/jacuzzis/spas be fenced separately. Some dogs do not know how to swim. Other dogs can swim, but cannot get out of the water because they do not know where the steps are. Trainers emphasize that dogs need 5 weeks of repetitive training on which steps to exit.
Some dogs develop medical conditions during their lives that cause the dog to fall in or not be able to exit the pool (diabetes, heart problems, bad hips, seizures, cataracts, dementia, and many more). The dog then drowns from exhaustion.
A pool or spa fence is mandatory to prevent needless drowning of pets.
- The dog/cat must be compatible with your pets. If there is animal aggression on the home visit, the adoption will not be approved.
- Adopting family must be able to handle the pet and provide for it's needs.
- Dogs/cats are not adopted on the home visit.
- If you rent or if you live in a home which is part of a homeowners association, you must provide a copy of your lease or copy of HOA bylaws/rules/regulations that states that there are no restrictions regarding the pet you are adopting.

AALOC@AALOC.ORG
(714)893-4393

**ANIMAL ASSISTANCE LEAGUE OF ORANGE COUNTY
ADOPTION APPLICATION**

Name of Pet: _____ Breed _____ Age _____
Why do you want to adopt this particular pet? _____

What special needs have you been told will be needed by this pet after adoption? _____

APPLICANTS INFORMATION:

Name of Applicant _____
Address _____
Length of time at this address: _____
Date of Birth _____ Driver License number _____
Email _____ Fax _____
Telephone Home _____ Cell _____
Occupation _____ Hours at work each week _____
Employer _____ Years employed _____
Employer address/telephone _____

Spouse/Partner Name _____
Date of Birth _____ Driver License number _____
Email _____ Fax _____
Telephone Home _____ Cell _____
Occupation _____ Hours at work each week _____
Employer _____ Years employed _____
Employer address/telephone _____

Who shares your home (names, ages, relationship)?

Are all members of your household aware of your plans to adopt a pet? _____

Are there regular visitors to your home (human or animal) which your new dog must get along? _____

Are there minor children who live with you or will visit? Include ages: _____

I am adopting a dog or cat for the purpose of (check all that apply):

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Family pet | <input type="checkbox"/> Gift | <input type="checkbox"/> Guard dog |
| <input type="checkbox"/> Child's companion | <input type="checkbox"/> Hunting Dog | <input type="checkbox"/> Protection |
| <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Breeding | |
| <input type="checkbox"/> Companion for self | | |

Personal References

Please list 2 references who you have known for at least 5 years who are not members of your immediate family:

1. Name _____ Telephone _____
Relationship _____ How long known _____
2. Name _____ Telephone _____
Relationship _____ How long known _____

Living Arrangements:

House _____ Apartment _____ Condo _____ Mobile Home _____

Do you own the home? _____ Can you provide proof of ownership? _____

Do you rent the home? _____ Length of time renting: _____

Do you have written permission to have the pet you want to adopt? _____

Landlord name _____ Telephone _____

What are your plans for your pet if you move:

Locally _____ Out of state _____ Out of country _____

If you choose to move to a place where pets are not allowed, what would happen to the pet? _____

Do you have a doggie door? _____ Where? _____
When is it left open? _____

Is your backyard completely fenced? _____

Fence type: Block _____ Chain link _____ Wood _____ Rod Iron _____

Lowest height of fence _____ feet. Lowest height of gate _____ feet.

Gate is secured with which of the following:

Latch _____ Keyed lock _____ Deadbolt _____ Padlock _____

I do not lock the gate for this reason _____

Is your yard space shared with other tenants? _____

Do you have a pool, Jacuzzi or spa? _____

Is it fenced separately from the rest of the yard? _____

What is the lowest height of the fence? _____ feet.

Do you have a pool cleaner, gardener, house keeper? _____

If yes, where will the dog be kept while they are working? _____

Is someone home during the day? _____

hours pet be alone: on weekdays? _____ on weekends? _____

Where will you keep the pet when you are not home?

How will the pet "potty" when you are not home?

Does anyone in your household have allergies to pets? _____

Does anyone in your household smoke? _____ Where? _____

Do you have any health conditions which could restrict your ability to care for a pet? _____

Which of the following would you choose for flea control?

___ Flea spray ___ Advantage/Frontline ___ Flea comb

___ Flea bath ___ Prescription Program ___ Herbal flea control

___ Flea collar ___ Other: _____

Identification methods used on my pets:

___ Collar/tag ___ Microchip ___ Other _____

Brand of food will you feed your pet? Dry _____ Wet _____

Describe your feeding schedule _____

What provisions/plans have you made for your pets in the event that you become disabled or die? _____

Have you owned dogs or currently own dogs? _____

Have you owned cats or currently own cats? _____

hours each day that your dogs spend/spent indoors? _____

hours each day that your cats spend/spent indoors? _____

Your pet will spend the day?

___ In the house

___ Yard w/dog house

___ In/Out w/dog door

___ Dog Kennel run

The night?

___ In the house

___ Yard w/dog house

___ In/Out w/dog door

___ Dog Kennel run

When you are on vacation?

___ Go with family

___ Pet Sitter

___ Boarding kennel

___ Vet office

___ Garage
___ Patio
___ Deck

___ Garage
___ Patio
___ Deck

___ Garage
___ Relative/Friend
___ Neighbor will feed

In which of the following situations would you expect your dog to be off leash?

___ Public park ___ Neighborhood walk ___ Work site
___ Dog park ___ Front yard ___ Hike
___ Beach ___ Back yard ___ Other: _____

How will your dog get exercise? _____

How do you feel that your current pets will adjust to the new pet?

Are your pets socialized with dogs? _____ With cats? _____

Have any of your pets died from parvovirus, distemper, feline leukemia, or any other contagious disease? _____

Have you taken pets to obedience class? _____ Where? _____

Would you be willing to take this pet to obedience classes? _____

What method do you intend to use to housetrain your dog? _____

What is a behavior that would not be acceptable to you? _____

Which of the following would force you to give up the dog?

- ___ Out of state move
- ___ Plans to have a baby
- ___ Longer work hours, schedule change
- ___ Divorce/Separation
- ___ Return to school/college
- ___ Marrying/dating someone with pet allergies
- ___ Dog develops chronic illness
- ___ Large veterinary expenses in excess of \$ _____
- ___ Loss of pet bladder or bowel control
- ___ Dog barks incessantly and neighbors complaining about dog
- ___ Dog nips at strangers
- ___ Dog is "untrainable"
- ___ Separation Anxiety
- ___ Dog is destructive when not supervised
- ___ Dog is not the kind of dog that I thought it would be
- ___ Dog grew larger than anticipated
- ___ Dog and current pets are not compatible

Have any of your cats been declawed? _____

If yes, age of declawing _____ Vet who declawed cat _____

Are you prepared to cover any vet expenses your pet may incur through its lifetime? _____

What is a reasonable amount to spend if your pet became very ill?

How much is too much? _____

What is your general veterinary ability?

____ Within budget constraints
____ Will purchase pet insurance

____ Spare no expense
____ If a great expense, I would return it

Would you consider euthanizing your pet because of (check all that apply):

____ Medical costs
____ Health suffering
____ Old age beyond life expectancy
____ Behavioral concerns, explain: _____

In the past, have you applied to adopt from another rescue group or shelter? _____ Name of organization/shelter _____

Did you adopt? _____

If not, why not? _____

Have you ever owned a pet and it didn't work out?

Explain: _____

OWNERSHIP HISTORY

PLEASE LIST ALL PETS THAT HAVE BEEN OWNED BY YOU PERSONALLY.

Name _____ Breed _____
How obtained _____ What years did you own pet: _____
Vet _____ Telephone _____
Specifically, what happened to the pet? _____

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Vet _____ Telephone _____
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(CONTINUE ON BACK FOR ADDITIONAL PETS)

Permission granted to call your veterinarian for records? _____

Veterinarian: _____ Telephone: _____

Initial each of the following that you agree to:

____ I agree to a home visit prior to adoption. I understand that a member of the AALOC Kennel Committee will contact me within one week to set up a home visit if the application is approved, and neither the application nor home visit guarantees that the adoption will be approved.

___ I understand that a veterinary reference is required in order to adopt a pet from AALOC. If the veterinarian does not have records for my past/current pets, the application will be denied.

___ Submitting this form constitutes your permission for us to check references. I am in full agreement with these terms of adoption. I agree that no member of my family/household has ever been charged with cruelty to animals or children, dog fighting, or other crime relating to animals.

___ I agree that I will provide the pet with adequate food, water, shelter, training, affection, and medical care.

___ I understand that Animal Assistance League of Orange County is not responsible for the accuracy of information received about the habits, temperament, or physical condition of dogs available for adoption. I understand that it is my responsibility to evaluate the dog for myself before agreeing to adopt it.

___ I understand and agree that I must and will return the dog to Animal Assistance League of Orange County if I am no longer able to care for it. I understand that I may not take it to an animal shelter, Humane society, other owner, research facility, or other organization.

___ I agree that all the information I have provided in the above application is true and honest. I understand and agree that if AALOC discovers an omission or information contained in this application to be false, AALOC reserves the right to annul the adoption and reclaim the animal from my premises without refund of money paid.

___ I agree that AALOC shall not be liable for, and is hereby relieved from, all liability for any damage, expenses, causes of action, fines, suits, demands, judgments or claims of any nature whatsoever arising from or by reason of any damage to property or injury to any persons caused in whole or in part by the dog placed in your home. I hereby accept and assume such liability and agree to protect, indemnify and hold AALOC harmless from and against all of the aforesaid.

___ I understand that an Adoption Donation is required. All dogs and cats are spayed or neutered prior to adoption, vaccinated, dewormed, microchipped, and ID tagged. All cats are tested for Felv, FIV and ringworm.

Applicant signature _____ Date _____

Witness signature _____ Date _____