



Phone: (702) 845-1471

[www.thechurchillfoundation.org](http://www.thechurchillfoundation.org)

## Adoption Application

**All pets have been checked by a licensed veterinarian, fully vaccinated, spayed/neutered and microchipped.**

### What do I need?

As a minimum you must:

- Be at least 18 to adopt
- Have and bring a current photo ID
- Provide landlord information, if you rent to verify that there are no restrictions for you to have your pet where you live.
- Pets already living in your home do need to be brought in to get acquainted with the new dog/cat to verify their compatibility.
- Provide a list of other adults in your household (spouse, parents, and roommates) and their contact information to verify if they are on board with having a new pet at home.

I am applying for a specific pet: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Face Book link: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Please provide us 3 character references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ How long: \_\_\_\_\_

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I AUTHORIZE The Churchill Foundation to contact me using any/all of the information provided above.

Names of others in household (include ages of children)

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_ Age: \_\_\_\_\_

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### Your Pet Experience - Current Pets

Type: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: Yes  No

Kept Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Both: \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Type: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: Yes  No

Kept Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Both: \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Please list your current veterinarian: \_\_\_\_\_ City: \_\_\_\_\_



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1. Dog/Cat experience

First Time Owner       Have had one or two       Knowledgeable and Experienced

2. Time Away From Home

Home All Day       Out part       Away 7-10 Hours Daily

3. Our Dog or Cat will live

Indoors Only       Indoors/Outdoors       Outdoors Only

4. Home Atmosphere

Grand Central Station       Some Activity       Zen-Garden Serene

Have you ever euthanized/relinquished a pet? \_\_\_\_\_

If yes, please explain why? \_\_\_\_\_

Adult Size

0-20 lbs. Small/Medium       20-50 lbs. Medium  
 50-100 lbs. Large       Over 100 lbs. Giant

Coat

Short       Medium       Long       No Preference

Age

8-16 Weeks       4-12 Months       1-3 Years       Older       No Preference

Activity Level

Low       Medium       High



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Sex

Male       Female       No Preference

What type of home do you have?

Own       Rent       Live with parents       Military

Length of time at address \_\_\_\_\_

Do you have an HOA? \_\_\_\_\_

Housing Type

House       Apartment       Condo       Mobile Home

Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

How did you hear about our adoption program?

Newspaper       TV       Radio Station       Web Site       Facebook

Other: \_\_\_\_\_



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I hereby certify that my responses to the question are true to correct to the best of my knowledge.

\_\_\_\_\_ I/We understand that The Churchill Foundation makes no guarantees or warranties regarding the health or temperament of this dog. I/We promise and agree to be solely responsible for this animal, and to indemnify and hold harmless The Churchill Foundation from any and all claims of liability for the conduct of this animal on or after the date of this adoption. This Release of Liability and Indemnification shall apply to all known, unknown and unanticipated damages resulting from my/our adoption, ownership or control of such animal.

\_\_\_\_\_ I/We hereby agree to contact TCF immediately or return the animal should any problems or emergencies arise resulting in relinquishment of the TCF animal. TCF animals are not to be relinquished to any other shelter, home or rescue group without the approval of TCF official representative.

\_\_\_\_\_ I/WE HEREBY ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS AND WILL KEEP THE ANIMAL DESCRIBED HEREIN AS A FAMILY MEMBER. I/WE UNDERSTAND THAT THIS IS A BINDING CONTRACT ENFORCEABLE BY CIVIL LAW.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_