



Petco Vender ID No: 126003

501 c (3) Non-profit 46-1746663

VIVA . Volunteers for Indigent & Vulnerable Animals  
114 C Avenue #228, Coronado, CA 92118 619.991.1471

[www.myvivasf.com](http://www.myvivasf.com)

## ADOPTION QUESTIONNAIRE

Thank you for filling out this questionnaire. It has been designed to help VIVA decide if you and your family are adequately prepared to discuss the level of responsibility for adopting a dog. Our primary concern is to place each dog in the best possible home for his best interest. We are asking you to make a lifetime commitment to the dog you adopt. It is very stressful for you and the dog when an adoption does not work out and the dog is returned to us. Because of this, we will ask that you do not adopt until you are absolutely certain you and your family are ready.

**NOTE:** *Submitting this application does not guarantee approval to adopt. We do our best to match applicants with dogs, and if the dog you applied for is not a good fit, we will decline your application. We reserve the right to deny without explanation!*

Please Indicate the **Name of the Dog** you are interested in, if applicable). \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highlighted information REQUIRED.

### 1. Who will be responsible for the dog's care?

Check which person will have primary responsibility

Primary Adult Name: \_\_\_\_\_

Primary Adult Name: \_\_\_\_\_

### 2. Name and city of your veterinarian: \_\_\_\_\_

May we contact your veterinarian regarding your current or previous pets? \_\_\_\_Yes \_\_\_\_No

**3. Which best describes your residence?**

\_\_\_\_\_ house    \_\_\_\_\_condo/townhouse    \_\_\_\_\_apartment    \_\_\_\_\_ farm/ranch

**4. Please describe fencing of yard or exercise area where your dog will be outside:**

\_\_\_\_\_ Fenced yard    \_\_\_\_\_Partially fenced yard    \_\_\_\_\_Fenced yard area for dog  
\_\_\_\_\_ No fence    \_\_\_\_\_“Invisible” fence    \_\_\_\_\_Enclosed dog kennel/run    \_\_\_\_\_No yard

**5. Do you have a swimming pool?**

\_\_\_\_\_ No  
\_\_\_\_\_ Yes – it’s not fenced  
\_\_\_\_\_ Yes – it’s fenced off from the rest of the yard

**6. Please tell us about your personal experience with dogs:**

\_\_\_\_\_ Never had a dog  
\_\_\_\_\_ Never had a dog as an adult, but grew up with them  
\_\_\_\_\_ Always had a dog

**7. How did you hear about VIVA?**

\_\_\_\_\_ Friend  
\_\_\_\_\_ Adoption day or other event (Petco)  
\_\_\_\_\_ Facebook  
\_\_\_\_\_ Web Search  
\_\_\_\_\_ Veterinarian  
\_\_\_\_\_ Other (please explain)\_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Adopter

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Adopter

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
VIVA Adoption Coordinator/ Executive Director

## Adoption Contract & Agreement

Date: \_\_\_\_\_ Name of Dog: \_\_\_Olivia\_\_\_\_\_ Sex: F \_\_\_X\_\_\_ M\_\_\_\_\_ Spayed Y/N \_\_\_Yes\_\_\_\_\_  
Breed: \_\_\_Lab Mix\_\_\_\_\_ Color: \_\_\_Chocolate\_\_\_\_\_ Approx Date Of Birth: \_\_\_\_\_

I, \_\_\_\_\_, agree to always treat my new companion humanely, to provide quality medical care when needed, to follow my Vet's advice. If possible, to provide adequate shelter for times when my pet is outside, to NEVER tether my pet or allow him or her to run loose outside the yard, and to permit him or her a reasonable amount of time each day inside with me and my family. Also, I agree to a \$\_\_\_275.00\_\_\_ adoption fee or \$150.00 with remaining balance in 2 weeks for foster with the intent to adopt.

In addition, I agree to do the following (please read and initial each point):

- \_\_\_\_\_ 1) To keep vaccinations and License/ID tags current and on my pet at all times.
- \_\_\_\_\_ 2) **If you can no longer care for the dog, please return it to VIVA.** In NO way should you sell or release to another rescue.
- \_\_\_\_\_ 3) To release, hold harmless and forever discharge VIVA and it's volunteers from any claims arising from the adoption of this dog. All known information with respect to the dog's health has been disclosed in good faith. This agreement is binding on the adopter and all members of the adopter's household.
- \_\_\_\_\_ 4) Rescued animals may have an undetected medical condition, or may have been exposed to parasites or communicable diseases. We do not reimburse for check-ups. We do our best to make sure all animals are healthy before they are put up for adoption. If you think your dog is sick, call us immediately, we may have an easy remedy.
- \_\_\_\_\_ 5) We understand that the transition into a new environment can be stressful for both dog and puppy and the new parents. We want to make sure your family member is the best fit for everyone. We DO ask that you give your new friend a couple of weeks to settle into the new lifestyle. But if you must return, we will withhold the cost to cover the pick-up (\$100.00).

**I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS FULLY**

Signature of Adopter: \_\_\_\_\_ Date: \_\_\_\_\_ VIVA Signature: \_\_\_\_\_

Contact: Rita Monares, Executive Director . 619.991.1471 [www.myvivasf.com](http://www.myvivasf.com) / [www.vivasf.org](http://www.vivasf.org)

Please be sure Adopter gets a copy of this contract.



VIVA . Volunteers for Indigent & Vulnerable Animals  
501 c (3) Non-profit 46-1746663

### Adoption Contract & Agreement

Date: \_\_\_\_\_ Name of Dog: \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_ Spayed Y/N \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Approx. Date Of Birth: \_\_\_\_\_

I, \_\_\_\_\_, agree to always treat my new companion humanely, to provide quality medical care when needed, to follow my Vet's advice. If possible, to provide adequate shelter for times when my pet is outside, to NEVER tether my pet or allow him or her to run loose outside the yard, and to permit him or her a reasonable amount of time each day inside with me and my family. Also, I agree to a \$\_\_\_\_275.00\_\_\_\_ adoption fee or \$150.00 with remaining balance in 2 weeks for foster with the intent to adopt.

In addition, I agree to do the following (please read and initial each point):

- \_\_\_\_\_ 1) To keep vaccinations and License/ID tags current and on my pet at all times.
- \_\_\_\_\_ 2) **If you can no longer care for the dog, please return it to VIVA.** In NO way should you sell or release to another rescue.
- \_\_\_\_\_ 3) To release, hold harmless and forever discharge VIVA and it's volunteers from any claims arising from the adoption of this dog. All known information with respect to the dog's health has been disclosed in good faith. This agreement is binding on the adopter and all members of the adopter's household.
- \_\_\_\_\_ 4) Rescued animals may have an undetected medical condition or may have been exposed to parasites or communicable diseases. We do not reimburse for check-ups. We do our best to make sure all animals are healthy before they are put up for adoption. If you think your dog is sick, call us immediately, we may have an easy remedy.
- \_\_\_\_\_ 5) We understand that the transition into a new environment can be stressful for both dog and puppy and the new parents. We want to make sure your family member is the best fit for everyone. We DO ask that you give your new friend a couple of weeks to settle into the new lifestyle. But if you must return, after the two week period, we will withhold the cost to cover the pick-up (\$100.00).

**I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS FULLY**

Signature of Adopter: \_\_\_\_\_ On File \_\_\_\_\_ Date: \_\_\_\_\_ VIVA Signature: \_\_\_\_\_

Contact: Rita Monares, Executive Director . 619.991.1471 [www.myvivasf.com](http://www.myvivasf.com) / [www.vivasf.org](http://www.vivasf.org)

**ADOPTER COPY**