**Miracles for Satos Rescue (MFS)**

**ADOPTION/FOSTER APPLICATION**

**MiraclesforSatosRescue@gmail.com** | [**www.MiraclesforSatosRescue.org**](http://www.MiraclesforSatosRescue.org)

Name of the Dog(s) you are interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your application will not be processed if there is missing information.**

\*If renting, we require a copy of your lease or a letter/email from the landlord stating the building’s pet policy. If you own in a co-op or condo, we require a letter from the Management Company/Board stating Pet Policy.

Adoption age over 25. Above the age of 72 will need a co-applicant

Fostering age over 21

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| **APPLICANT INFORMATION** | | | | | |
| Applicant Name: | Personal Email: | | | Cell Phone: | |
| Address: | | | | Home Phone: | |
| City: | | State, Zip: | | | DOB: |
| Occupation (if retired, previous occupation): | | Employer Name: | | | |
| Employer Address: | | Office Phone: | | | |
| If you have a **spouse**, **parents**, or **roommates**: please fill out the following information below. | | | | | |
| Name:  Relation to you:  Email:  Phone:  Occupation (if retired, previous occupation):  Employer:  Date of Birth: | | | Name:  Relation to you:  Email:  Phone:  Occupation (if retired, previous occupation):  Employer:  Date of Birth: | | |
| **If you pass away or become ill and cannot care for your pet, who will take care of your pet?**  Name:  Address:  Email address:  Phone Number:  Relationship to adopter:  Are there any companion animals currently living in THEIR household: (Breed, Age, Sex, Altered) | | | | | |
| How did you hear about us (Instagram, Facebook, Adopt-A-Pet, Pet Finder, etc.)?  If referred by a friend or family member, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I wish to: adopt / foster / volunteer / foster with the option to adopt | | | | | |
| 1. Have you adopted a pet? If so, which organization? 2. What was your experience with the adoption organization? Please provide the name of the person from that group that would recommend you.   Who will be primarily responsible for the Animal?  Have any of your family members, including yourself had a history of allergies or asthma? | | | | | |
| **VET INFORMATION** | | | | | |
| Please provide the name and phone number of your current Veterinarian. *(Please let your Vet know that* **MFS Rescue** *will be calling and that they are free to speak about your animals and their veterinary history.)*  Veterinarian Name:  Address: Telephone Number:  *\*If you do not have a current veterinarian, we request that you list your previously used veterinarian.* **If you do not have a veterinarian, please list a veterinarian you are considering if you adopt from** **MFS Rescue***.* | | | | | |

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| **FAMILY INFORMATION** | | | |
| Children living in household under the age of 18 (names & ages): | | | |
| Adults living in household over the age of 18 (names & ages): | | | |
| **ANIMAL INFORMATION** | | | |
| For ALL past and present pets, please include the following information:  Name of animal, breed, age, years owned, where the pet came from, where is the pet now/what happened to the pet?/how did the pet pass away?  *Attach an additional page if Animals owned does not fit on this form*  **Present Pets:**  **Past Pets:**  What will you do if the new pet does not get along with present pets? | | | |
| Are/were your animals up to date on vaccines? | | Are/were your animals spayed/neutered? | |
| If not, why? | | | |
| Please describe how much exercise your new dog would get daily? (i.e. how many walks, dog park, day care, etc.) | | | |
| Do you rent/own your home?  Is the building pet friendly? | | Years at current residence?  Do you anticipate moving & when? | |
| **If you rent or own a co-op/condo, we ask that you submit your lease stating the pet policy or obtain a letter from your Landlord/Management company with their official letterhead with following information**:   1. Pet Policy 2. How many pets allowed? 3. Size limit (if any) | | | |
| Where do you reside? \_\_\_\_\_House \_\_\_\_\_Condo \_\_\_\_\_Apartment \_\_\_\_\_Co-op \_\_\_\_\_RV/Mobile \_\_\_\_\_Assisted living  I: \_\_\_\_\_live alone \_\_\_\_\_live with partner \_\_\_\_\_live with parents or relatives \_\_\_\_\_live with roommates  Landlord/Managing Agents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please note that we will be calling to confirm Pet Policy of your building.)*  How many hours a day will this Animal be left alone?  Where ***exactly*** will the Animal be kept when alone?  Where will the Animal sleep at night? If inside, which room?  Where will the Animal sleep during the day?  How often do you travel?   * Will you take your pet with you? * If not, how do you provide for them while you are away? * If you have an emergency while you are away, what will happen to this pet? | | | |
| For medical care, feeding, licensing, bedding, and toys – I anticipate spending this amount of money per month  \_\_\_\_\_$50 \_\_\_\_\_$100 \_\_\_\_\_$200 \_\_\_\_\_$300 \_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_  If your pet should become injured or ill, what would you do?  What would you do if treatment were expensive? | | | |
| Have you ever given an animal away to a shelter, rescue, friend, family member or otherwise?  If so, what was the reason? | | | |
| Have you ever lost an animal (dog, cat, bunny, hamster etc.) or had an animal escape your home? If so, **please give details as to the event**: | | | |
| ***Please explain in detail*** why you want to foster/adopt/volunteer: | | | |
| What *behavioral* training methods are you aware of and utilize (not referring to house training)? | | | |
| Even if you are applying for a dog that is housetrained, please describe how you would housetrain a dog: | | | |
| Please describe what you would do if your new dog peed in the home: | | | |
| What breed(s) are you looking to foster / adopt and why?  Do you have any breed specific experience, such as temperament, care, grooming, etc.? | | | |
| Describe your ideal animal companion (please include personality traits): | | | |
| Age, sex, breed, weight desired and why: | | | |
| **REFERENCES**  Please provide three references, **not related** to you. Email addresses must be included | | | |
| Name: | Email: | | Phone: |
| Relation to you: | | | Years known: |
| Name: | Email: | | Phone: |
| Relation to you: | | | Years Known: |
| Name: | Email: | | Phone: |
| Relation to you: | | | Years known: |
| \*Please inform your references that a representative of **MFS Rescue** will be in touch**.**  **Applications will not be processed if references cannot be contacted.** | | | |

**PLEASE INITIAL AND SIGN CONTRACT BELOW**

**Miracles for Satos Rescue (“MFS”)**

**ADOPTER/FOSTER CONTRACT**

**PLEASE KEEP THIS FOR YOUR RECORDS**

**THIS IS A LEGAL CONTRACT**

***By initialing and by signing/e-signing this contract, you are legally bound to this contract***

**Please read, initial, and sign all of the following Miracles for Satos Rescue** (“**MFS”**) **policies and your responsibilities prior to submitting your application. All adopters of a dog or cat (“Animal”) from MFS must read, initial and sign.**

1. \_\_\_\_\_\_ I understand that if I am unable to care for the Animal adopted through MFS, I will notify MFS immediately and arrange to return the animal. I will not give this animal away to a shelter, rescue, veterinary office, pet shop, friend, research facility, abandon this pet, or give away to any other party without full consent or full agreement from MFS.
2. \_\_\_\_\_\_ If I return the Animal, or have been asked to return the Animal, I agree to relinquish the microchip rights and will cooperate in any and all processes regarding relinquishing the microchip back to MFS.
3. \_\_\_\_\_\_ If I return or am asked to return the Animal to MFS, I agree to provide safe transportation to the foster, rescuer or adopter that MFS designates. I agree to pay for all associated costs with this return.
4. \_\_\_\_\_\_ If I return the Animal, or am asked to return the Animal, I will not request or receive funds from MFS while the animal was under my care. I take full responsibility for any funds that have been spent while the animal was in my care.
5. \_\_\_\_\_\_ I understand that after adopting an Animal from MFS, any and all costs for the Animal, including veterinary (emergency or otherwise), are my complete responsibility. I will not ask MFS to pay for any of the Animal’s costs after adoption.
6. \_\_\_\_\_\_ I understand that the adoption fee is non-refundable under any circumstances, including if I return the Animal or it is reclaimed.
7. \_\_\_\_\_\_ I agree to abide by all local animal ordinances, leases, and property ownership agreements as they pertain to the legally defined number of pets allowed in any human domicile or associated/attached properties. I further agree that, should I be in violation of any local animal ordinances, leases, and property ownership agreements pertaining to the number of Animals allowed, I hold harmless MFS, and all associated rescue organizations in all matters, and assume all legal and/or financial liabilities pertaining to any violations of said ordinances, leases, and/or agreements.
8. \_\_\_\_\_\_ I understand that a virtual home visit must be conducted before this application is approved for foster/adoption.
9. \_\_\_\_\_\_ I agree to allow MFS to conduct a background check and agree to disclose any and all arrests and dispositions of those arrests.
10. \_\_\_\_\_\_ The Animal will not be trained, encouraged, nor misrepresented for the purpose of protection, aggression, or any aggravated display of behavior.
11. \_\_\_\_\_\_ I will give the Animal proper grooming, including but not limited to removing hair from ears, if applicable, eye and ear care, and regular brushing of teeth, baths, nail clipping and haircuts.
12. \_\_\_\_\_\_ I will provide a humane environment, regular exercise that includes multiple daily walks on leash and companionship for my pet. The Animal will have appropriate food, water, indoor shelter at all times, and medical care for the duration of its life. The animal will be treated as a member of the family.
13. \_\_\_\_\_\_ Appropriate vaccinations must be maintained, and adequate medical care must be provided by the adopter throughout the Animal’s lifetime. If MFS should become aware that if the Animal is not properly vetted, we have the absolute right to remove the Animal from the adopter’s home.
14. \_\_\_\_\_\_ I will get necessary behavior training and/or expert advice should the Animal require this. Adopter agrees to work with the Animal to modify behaviors as follows: aggression, biting, scratching, barking, mounting, digging, marking, house training without the use of negative reinforcement or other harmful methods. Some behaviors may never be eradicated and MFS cannot be held accountable for these behavior patterns.
15. \_\_\_\_\_\_ I understand and agree that MFS makes no express or implied warranty, representation, promise, guarantee or assurance to the age, health, breed, habits, disposition or safety of the Animal. I hereby accept the Animal “as is”, assume all risks and responsibilities associated with the ownership of the Animal, including bites, and I hereby fully and completely release, indemnify and hold harmless MFS, its directors, officers, volunteers, and servants, from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with the adoption, care or ownership, maintenance, temperament or condition of the animal.
16. \_\_\_\_\_\_ If euthanasia becomes necessary, it is agreed the Animal will not be turned over to a humane society or animal shelter for this service. MFS is available for consultation, advice, and assistance in this matter and all other areas pertaining to the health, veterinary care, training, compatibility, etc. of the adopted pet.
17. \_\_\_\_\_\_ In the event the Animal is lost or stolen, MFS has the right to reclaim the Animal.
18. \_\_\_\_\_\_ Cats are prohibited from being declawed.
19. \_\_\_\_\_\_ I will not bully, threaten, abuse, harass, attempt to manipulate, or defame MFS or its officers and volunteers. I will treat MFS officers and volunteers with respect at all times.
20. \_\_\_\_\_\_ If, at any point in time, MFS discovers untruths presented within an application of an adopted Animal, discovers and deems the adopted Animal’s living situation unfit or unsafe, or deems the adopter-Animal fit unsuitable post-adoption, MFS has a right to reclaim the Animal.
21. \_\_\_\_\_\_ In the event of the employment of an attorney by MFS, on account of any violation of this contract, I agree to pay MFS reasonable attorneys' fees and court costs.
22. \_\_\_\_\_\_ I agree to notify MFS if I have a change of telephone number or address. I also agree to notify MFS of any incident involving animal control and/or complaints arising from said ownership of the Animal. If the Animal becomes lost or stolen, I agree to notify MFS immediately.
23. \_\_\_\_\_\_ I agree that if any of the terms of this agreement are not met, MFS may reclaim the Animal at any time. Adopter will be responsible for any boarding fees, transportation costs, veterinary care, and training incurred by MFS in re-adopting the Animal. I agree to sign over the microchip information to MFS.
24. \_\_\_\_\_\_ Should my foster Animal need vet care, I will notify MFS immediately. If approved, I will bring the Animal to an MFS- designated veterinarian.
25. \_\_\_\_\_\_ It is understood that any additional information provided on the MFS adoption/foster application will become a binding part of this contract as well, incorporated herein by reference.
26. \_\_\_\_\_\_ By signing this contract, adopter acknowledges that the above terms have been fully explained and that the adopter completely understands and agrees to the above terms.
27. \_\_\_\_\_\_ Electronically transmitted signatures on this contract shall be deemed the equivalent of original signatures in all respects.

*Understanding that a Rescue houses animals from unknown backgrounds, I assume the risks of being bitten, scratched, injured, or frightened by the animals in connection with my visits to an* MFS *foster home or in connection with providing foster for* MFS. *I agree* MFS *is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with my visits to* MFS *foster home or by becoming a foster home.*

**I certify the above to be true to the best of my knowledge.**

Signature: *\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: *\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please keep a copy of this application for your own files. This application serves as a contract, so please read carefully.

**Please sign/e-sign and date this form, and initial every space on contract. Once you complete the application, please save as a Word file with your first and last name, then attach and return to:** [MiraclesforSatosRescue@gmail.com](mailto:MiraclesforSatosRescue@gmail.com)