

Love Those Dog Paws (LTDP)

DOG ADOPTIONS APPLICATION & AGREEMENT

501 (c) (3) (LTDP) Non-Profit Organization
(808)937-5252; P.O. Box 390053, Keauhou, Hi 96739
lovethosedogpaws@gmail.com

Name _____

Mailing Address _____
City _____ zipcode _____

Physical Address _____
Where the dog will be located: Street _____ City _____ zipcode _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Do you have other animals? Yes _____ No _____

If yes, please list:

Are your other dogs or cats spayed or neutered? Yes _____ No _____

Name of Veterinarian:

Other important information

_____ Initial. \$200 (Adults over 1 year) \$300 (Puppies up to 1 year) non-refundable adoption fee. Adoption fee must be received by Love Those Dog Paws at the time of adoption. We always take the dog back if for some reason they aren't a fit in your home.

_____ Initial. This dog shall be an indoor, outdoor or both. **(CIRCLE ONE)**

_____ Initial. Dustin Omori of Love Those Dog Paws or his representative requests a home inspection before the foster or adopted dog is placed. LTDP works to place the right dog in the right home, home inspection intends to ensure that it is a good and safe home. If you do not own your home, you will need a signed agreement between you and your landlord that gives you permission to own a dog. **CIRCLE ONE: OWN or RENT**

_____ Initial. If for any reason, I find that this dog is not compatible with my situation I agree to notify LTDP immediately and make arrangements to return it only to LTDP.

_____ Initial. This dog shall get regular veterinary care and I agree that Love Those Dog Paws is not responsible for any vet bills once the dog is adopted. When you adopt a puppy, Love Those Dog Paws is not responsible for any more shots once the adoption is complete. Whether a puppy or an adult dog, we highly recommend you see a veterinarian to establish yourself as a client and ensure the health of your dog. Puppy shot schedules vary: They usually start at 6 weeks, then every three weeks thereafter for 4 shots. Puppies should have the series of shots to compete their immunity to various diseases. Some veterinarians are recommending a second shot on an adult dog. They should also be checked by a veterinarian for worms and general health periodically.

_____ Initial. I understand that Love Those Dog Paws has the right to bring action in small claim court division of the district court of Hawaii County if any part of this agreement is violated. LTDP may seek action for return of the pet or seek monetary damages.

_____ Initial. I agree LTDP is not responsible or liable for property damage, injuries to others, or medical care for the dog that is a result of failure to control, failure to adequately contain, or any other negligence on behalf of the foster care provider one else that has any type of interaction with the dog being fostered, including household members, household pets, guests, pets of guests, service providers, individuals and dogs encountered during any activities, or any other negligence of foster provider. Negligence includes, but is not limited to, failure to properly contain and control the dog, failure to adequately protect the dog from other animals, failure to protect other animals from the dog, failure to protect others from bites or other injury caused by the dog.

_____ Initial. I agree I will not chain this dog for more than 8 consecutive hours per day.

_____ Initial. I agree I will feed this dog high quality food. I will treat this dog in a humane manner including play time, training, and quality human interaction.

_____ Initial. I agree not to have any mutilating procedure performed on dog including ear cropping, tail docking or declawing.

_____ Initial. I will not give, trade, or sell the dog to any person or organization, or abandon dog.

_____ Initial. If euthanasia is a consideration for any reason beyond the overall health of the animal, LTDP must be contacted prior to the euthanasia and LTDP is given the opportunity to take the dog back.

_____ Initial. LTDP will provide the medical history for the adopted dog that was acquired while the dog was under their possession. The new owner is responsible for the completion and medical expenses for all remaining vaccines from the date of the adoption.

_____ Initial. I understand that LTDP has the right to decline my application for any reason.

Adopter Signature _____ Date _____

For LTDP Only: Home Inpection Only	Approved _____	Not Approved _____
Home Inspection Date: _____ Physical Address Verified _____ LTDP Representative _____		
For LTDP Only: Adoption Application	Approved _____	Not Approved _____
LTDP Representative _____ Date Payment Received _____		
Payment Method: Cash _____ Check# _____ Credit Card _____ PayPal _____ Venmo _____ Other _____		
For LTDP Only: DOG INFO		
Dog Name _____ Age _____ Identification/Microchip Number: _____		
Breed _____ Color _____ Spayed/Neutered _____		

