

Name of Animal \_\_\_\_\_  
Species \_\_\_\_\_  
Breed \_\_\_\_\_  
Microchip# \_\_\_\_\_  
Date of Adoption \_\_\_\_\_

### ◆ E.A.R.T.H Adoption Contract:

EARTH Services - www.earthservices.org - P.O. Box 25, Bellevue, MI 49021 - 269-965-2117

**\*EARTH Services (EARTH) reserves the right to refuse adoption to anyone. Animals will not be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.**

(Please **print** clearly)

Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Birth Date \_\_\_\_\_

Place of Employment \_\_\_\_\_ State \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. # \_\_\_\_\_

**Name of Spouse or Significant Other**

Driver's License # \_\_\_\_\_ Birth Date \_\_\_\_\_

Place of Employment \_\_\_\_\_ State \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. # \_\_\_\_\_

What pet(s) are you considering to adopt?  
\_\_\_\_\_

If you have not chosen a pet, what is your preference as to breed, sex, size, length of hair, etc?  
\_\_\_\_\_

Is this your first pet? Yes \_\_\_\_\_ No \_\_\_\_\_

What pets do you currently own in your household? (Use the back for more room, if needed.)

1. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
 Current on vaccinations - Rabies - Yes \_\_\_ No \_\_\_ DHLPP - Yes \_\_\_ No \_\_\_  
 Where is the animal kept? \_\_\_\_\_

2. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
 Current on vaccinations - Rabies - Yes \_\_\_ No \_\_\_ DHLPP - Yes \_\_\_ No \_\_\_  
 Where is the animal kept? \_\_\_\_\_

3. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
 Current on vaccinations - Rabies - Yes \_\_\_ No \_\_\_ DHLPP - Yes \_\_\_ No \_\_\_  
 Where is the animal kept? \_\_\_\_\_

4. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
 Current on vaccinations - Rabies - Yes \_\_\_ No \_\_\_ DHLPP - Yes \_\_\_ No \_\_\_  
 Where is the animal kept? \_\_\_\_\_

5. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
 Current on vaccinations - Rabies - Yes \_\_\_ No \_\_\_ DHLPP - Yes \_\_\_ No \_\_\_  
 Where is the animal kept? \_\_\_\_\_

Have you had other pets that you no longer have? If yes:

Breed \_\_\_\_\_ Name \_\_\_\_\_  
 Sex \_\_\_\_\_

Breed \_\_\_\_\_ Name \_\_\_\_\_ Sex \_\_\_\_\_

Why do you no longer have them?  
 \_\_\_\_\_

**Residence and Family:**

Do you currently live in a: \_\_\_ house \_\_\_ apartment \_\_\_ condominium \_\_\_ mobile home park?

Do you own your residence? Yes \_\_\_ No \_\_\_

If you rent, does your lease allow pets?  
 Yes \_\_\_ No \_\_\_ What is your landlord's name and phone number?  
 Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long have you lived in the current address?  
 \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_  
 How many children? \_\_\_\_\_  
 What are the ages of the children living in the home? \_\_\_\_\_  
 \_\_\_\_\_

Do all adults know and support your plan to adopt a pet?  
 \_\_\_\_\_

Do you or anyone living in the home have allergies to animals? Yes \_\_\_ No \_\_\_  
 If yes, to what kind of animals and how severe is the allergy  
 \_\_\_\_\_

Who will be responsible for the care of this pet?

\_\_\_\_\_

Where will this pet be kept during the day? \_\_\_\_\_ night? \_\_\_\_\_

How many hours will it spend alone during the day?

\_\_\_\_\_

**DOG ADOPTIONS ONLY...**

Why do you want to adopt the dog? Companion \_\_\_\_\_ House pet \_\_\_\_\_ Gift \_\_\_\_\_ Guard dog \_\_\_\_\_  
Watch dog \_\_\_\_\_ Companion for another dog \_\_\_\_\_ Obedience/agility \_\_\_\_\_ Therapy \_\_\_\_\_ Other \_\_\_\_\_

Where will the dog be kept when alone? House \_\_\_\_\_ Yard \_\_\_\_\_ Crate \_\_\_\_\_ Kennel \_\_\_\_\_ Doggie Day Care \_\_\_\_\_

Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_ How high? \_\_\_\_\_ Size of yard? \_\_\_\_\_ Type of fence (board, chain, etc.) \_\_\_\_\_

\_\_\_\_\_

How will you keep your dog confined on your property? In the house \_\_\_\_\_ On the patio \_\_\_\_\_ In a kennel \_\_\_\_\_ Fenced yard \_\_\_\_\_ Chain \_\_\_\_\_ Garage \_\_\_\_\_

How do you plan exercise your animal?

\_\_\_\_\_

Are you aware a bored dog or puppy will chew? Yes \_\_\_\_\_ No \_\_\_\_\_

How will you provide care for your animal when you are out of town?

\_\_\_\_\_

Are you financially able to provide care for a new pet? (Vaccinations, parasite checks, emergency vet care, licensing, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to take care of this dog for the rest of its life? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you realize some breeds of dog shed the entire year? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**HORSE OR FARM ANIMALS ONLY...**

What do you plan to use your horse/donkey for?

Pet only \_\_\_\_\_ Riding \_\_\_\_\_ Lessons \_\_\_\_\_ Breeding \_\_\_\_\_

How many acres do you have? \_\_\_\_\_ How much of that is in pasture? \_\_\_\_\_

How much area is fenced in? \_\_\_\_\_

Do you have an indoor facility for your horse/farm animal for cold weather and night? \_\_\_\_\_  
If so, describe it. \_\_\_\_\_ Will children be riding this animal? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages of children \_\_\_\_\_

Do you have veterinarian services for this animal? Yes \_\_\_\_\_ No \_\_\_\_\_ (List veterinarian below)

Will you have farrier services for this animal? Name of farrier \_\_\_\_\_

Who will be caring for your animal when you are out of town? \_\_\_\_\_

Are you able to afford services and regular medical care for this animal? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES - Please list three personal references (not relatives)...**

Name \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
(Interviewer only) Reference's Remarks

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
(Interviewer only) Reference's Remarks

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
(Interviewer only) Reference's Remarks

\_\_\_\_\_  
\_\_\_\_\_

**VETERINARIAN...**

Name \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
(Interviewer only) Veterinarian's Remarks

\_\_\_\_\_  
\_\_\_\_\_

The information above is true to the best of my knowledge.

Signature of Adopter \_\_\_\_\_ Date \_\_\_\_\_

Interviewer Signature \_\_\_\_\_ Date \_\_\_\_\_

**WOULD YOU LIKE TO DONATE TO THE ANIMALS AT EARTH?**

Amount \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_

**Contract Between Adopter and EARTH Services (EARTH)**

I know that Educated Services (E.A.R.T.H.) does not knowingly misrepresent any animal's age, breed, or condition of health, or temperament. I also understand that EARTH Services is a nonprofit organization. If this animal proves to be unsuitable, I MUST return him/her, but I understand the fee is NON-REFUNDABLE UNLESS I AM OTHERWISE INFORMED.

**Please read and initial each number:**

\_\_\_\_ 1. I agree to adopt this animal as my personal family pet and not as a guard dog or "mouser." I understand and agree that it is my responsibility to provide the proper food, shelter, and veterinary care along with a loving environment for the lifetime of this animal.

\_\_\_\_ 2. I hereby acknowledge receiving the above described animal. I, also, agree that I will not allow this animal to run at large or to violate any applicable laws, ordinances, or regulations.

\_\_\_\_ 3. I have been advised to have this animal examined within **10 days** of this adoption by a private veterinarian at my own expense. A free vet visit is available to you at EARTH Services vet. ( Vet Visit only covers office call and exam).

\_\_\_\_ 4. If this animal currently has any visible health problems or injury, I agree to assume immediate, moral, physical, and financial responsibility for the proper veterinary treatment of the problem or injury.

\_\_\_\_ 5. If this animal has not yet been vaccinated for rabies, I agree to obtain a rabies vaccination (in accordance with the laws of Michigan) within **seven days of adoption or by four months** of age of this animal, whichever comes first.

\_\_\_\_ 6. I understand that EARTH cannot be financially liable, if after adoption, the animal becomes ill or is unsuitable for my home.

\_\_\_\_ 7. I understand that EARTH cannot be held responsible for any destruction of property, injury to people or any other actions of the animal.

\_\_\_\_ 8. I understand that EARTH reserves the right to inspect the home environment of the animal I am adopting and that EARTH can remove the animal if the terms of this contract are not being met.

\_\_\_\_ 9. I agree not to allow this animal to be used for medical or other experimental purposes or be subject to any other form of mistreatment.

\_\_\_\_ 10. If adopting a **dog**, I understand this dog may **NOT** have been heartworm tested. I have been advised to have the dog tested with **10 days** at my expense.

\_\_\_\_ 11. If this animal is a dog that weighs, or likely will weigh more than 25 pounds, I will have a fenced yard in which to keep it. If there is no fence or kennel available, I will walk him/her everyday by leash.

\_\_\_\_ 12. If adopting a dog, **I will not tether it out for a period exceeding one hour without supervision.**

\_\_\_\_ 13. If this animal is a **cat**, I agree to **keep it indoors at all times. No outside or indoor/outdoor cats.**

\_\_\_\_ 14. If this animal is a **horse** or another **barnyard animal**, I agree to keep my animal in a fenced in area proper for the animal and agree to not let this animal run at large.

\_\_\_\_ 15. I understand this animal is **NOT** to be sold if it no longer fits into our home or lifestyle, the animal **MUST** by returned to **EARTH Services.**

\_\_\_\_ 16. I understand that my adoption fee is **NON-REFUNDABLE** unless this animal is diagnosed ill by a veterinarian within **seven days of adoption** and returned with the same seven days.

17. I agree to spay/neuter this animal within \_\_\_ days of the adoption and **send proof** to E.A.R.T.H. confirming the procedure did take place. *EARTH Services P.O. BOX 25 Bellevue, MI. 49021*

**I hereby certify that I have read and agree with the terms of EARTH Services binding this legal contract.**

**Signature of Adopter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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(Please do not write below this line. For EARTH Services use only)

**Animal information:**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Description \_\_\_\_\_  
Dog \_\_\_\_\_ Cat \_\_\_\_\_ Horse \_\_\_\_\_ Other \_\_\_\_\_  
Spay/neuter: Date \_\_\_\_\_ Vet Clinic \_\_\_\_\_  
Microchip # \_\_\_\_\_ Shelter # \_\_\_\_\_

**Second animal information: (if two are being adopted)**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Description \_\_\_\_\_  
Dog \_\_\_\_\_ Cat \_\_\_\_\_ Horse \_\_\_\_\_ Other \_\_\_\_\_  
Spay/neuter: Date \_\_\_\_\_ Vet Clinic \_\_\_\_\_  
Microchip # \_\_\_\_\_ Shelter # \_\_\_\_\_

**Form of Payment – CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_**

**Spay/Neuter Deposit – Amount \$ \_\_\_\_\_ Date to be Cashed \_\_\_\_\_ Check # \_\_\_\_\_**