

# Adoption Contract

Confidential-Property of Apollo Support & Rescue Inc.



APOLLOSUPPORTANDRESCUE.COM  
ASR628@GMAIL.COM



## Apollo Support & Rescue Inc.

*Apollo Support & Rescue screens ALL potential adopters for suitable placement of animals and may refuse placement of an animal for any reason. By submitting this application contract, you grant permission for a representative to investigate and confirm the information that you provide. All documents become the property of Apollo Support & Rescue upon submission.*

**PLEASE PRINT SO IT IS LEGIBLE**

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Animal Name	DOB/Age	Breed	Microchip #
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Applicant's Full Name	DL#	DOB
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Street Address	City	State	Zip
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Home Telephone	Cell Phone	Work Telephone
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Employer's Name and Address \_\_\_\_\_

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Spouse's Name	Cell phone	Work Telephone
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Email Address \_\_\_\_\_ Facebook page: \_\_\_\_\_

Do you have a fenced yard? **YES** / **NO** Describe the fence: \_\_\_\_\_

Where will this pet will be kept? **INSIDE** / **INSIDE-OUTSIDE** / **OUTSIDE** / **Other:** \_\_\_\_\_

Will you use a crate? **YES** / **NO** Where will this pet sleep at night? \_\_\_\_\_

Will you chain the pet in the yard? **YES** / **NO** If pet is outside, what type of shelter will it have? \_\_\_\_\_

Describe your other dogs. (Gender, temperament, age) \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ I give permission to *Apollo Support & Rescue* for a representative to visit my home **prior to, and/or after**, adoption for the purpose of determining suitability for an adopted pet?  
(Scheduled or unscheduled visits)

### OFFICE USE ONLY    Go to next page

Foster _____	Shelter & ID _____
Adoption Date _____ Scanned _____ Spreadsheet _____ PetPoint _____ Follow up Call _____ Home check _____	
Intake Date _____	Spay/Neuter Due Date _____

**Requirements/Qualifications for Adoption:** (Please initial each line with a space next to it)

- \_\_\_\_\_ You must be 21 years of age or older.
- \_\_\_\_\_ You must provide identification and proof of current address.
- \_\_\_\_\_ You must have the consent of all adults living in the household.
- \_\_\_\_\_ Your pets must have current vaccinations, be free of contagious illnesses or parasites, and must be treated immediately for injury or illness as necessary.
- \_\_\_\_\_ Your dog must remain on Heartworm Preventative for the rest of its life. **Next Due Date:** \_\_\_\_\_
- \_\_\_\_\_ Your pet must be treated humanely as a member of your family and will be kept **INDOORS**.
- \_\_\_\_\_ You must protect your pet against animals, humans, or any circumstances that could cause harm to the pet.
- \_\_\_\_\_ You must not allow your pet to ride in an uncovered vehicle, such as a back of a pickup truck, or allow it to hang unsecured from a car window where it would risk injury.
- \_\_\_\_\_ Your pet cannot be used for fighting, training dogs to fight, or any reason other than a family pet.
- \_\_\_\_\_ You must provide adequate food, water, and outside access **DAILY**.
- \_\_\_\_\_ You must provide love and human interaction to your pet **DAILY**.
- \_\_\_\_\_ You must be able & willing to spend the time necessary to provide/administer proper training & care to the pet.
- \_\_\_\_\_ You must notify *Apollo Support & Rescue* if the pet becomes lost or in the case of death.
- \_\_\_\_\_ All expenses, including annual vaccinations & medical treatment, training, food, shelter costs, and/or any damages will be the adopter's responsibility.

**Agreement of Sterilization**

- \_\_\_\_\_ I understand that pursuant to the Texas Statutes Health & Safety Code, Chapter 828, Dog & Cat Sterilization, this **Adopted Animal** must be surgically spayed/neutered by a licensed veterinarian no later than \_\_\_\_\_, **20\_\_\_\_\_**. You must advise *Apollo Support & Rescue (ASR)* in writing that the spay/neuter has been completed. This can be done by mailing or emailing the veterinarian records of the office visit. Failure to comply with the Texas Statutes Health & Safety Code; Section 828.001-828.013 is a criminal offense punishable as a Class C misdemeanor, and can result in the seizure of my pet and/or a fine up to \$500.00. I agree to immediately surrender possession and ownership of the **Adopted Animal** or allow an agent of *ASR* to enter and remove the **Adopted Animal** from any premises occupied by me if sterilization is not completed as agreed, and such entry shall not constitute a trespass. I will comply with all laws and ordinances in force in the area in which I reside, applicable to said **Adopted Animal**.
- **Spay/Neuter – please schedule your appointment by going to [www.texasforthem.org](http://www.texasforthem.org). Once appointment has been set please email [asr628@gmail.com](mailto:asr628@gmail.com) to request your prepaid voucher. If you need assistance with scheduling your appointment please let us know. Please allow at least a 2 week notice so we have ample time to email your voucher. Thank you**

**Agreement of Adoption Contract:** (Please initial each line with a space next to it)

- \_\_\_\_\_ *Apollo Support & Rescue* **CAN NOT** be held liable for any damage caused to your home, yard, or surrounding property by the adopted pet.
- \_\_\_\_\_ *Apollo Support & Rescue* **CAN NOT** be held liable for any bites, injury or harm to a human being or another animal by the adopted pet.
- \_\_\_\_\_ *Apollo Support & Rescue* **RESERVES THE RIGHT** to check veterinarian records at any time and repossess the pet if their healthcare needs are not kept current.
- \_\_\_\_\_ *Apollo Support & Rescue* **RESERVES THE RIGHT** of ownership of the adopted pet if the adopter can not comply with the above agreements, or can not keep the pet, or for any reason whatsoever. Adopter agrees to safely return the pet in a timely manner to *Apollo Support & Rescue* for rehoming/readoption.
- \_\_\_\_\_ *Apollo Support & Rescue* **RESERVES THE RIGHT** to repossess the pet if during periodic home checks it is found to be living outdoors.
- \_\_\_\_\_ *Apollo Support & Rescue* **RESERVES THE RIGHT** to repossess the pet at any time if they feel the best needs of the pet are not being met in your home after it has been adopted, or at any time, if they find that false information has been provided by the adopter.

I / WE are aware that there is a non-refundable adoption donation of \$ \_\_\_\_\_, payable to *Apollo Support & Rescue*. This fee must be paid at time of placement of pet or all rights to the pet are forfeited.

I / WE agree to abide by the terms of *Apollo Support & Rescue's* Adoption contract. Failure to adhere to the terms of the Adoption contract can, and will, subject you to lawsuit for breach of contract, liquidated damages of \$500.00, plus court costs, and return of the pet to *Apollo Support & Rescue*.

*Apollo Support & Rescue* will prosecute, to the fullest extent of the law, if it feels it is in the best interest of the adopted pet. *Apollo Support & Rescue* appreciates your understanding in this matter.

I / WE confirm that all of the information in this application is true and complete to the best of my knowledge.

Applicants please sign and date:

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

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_ I give *Apollo Support & Rescue* permission to post any pictures taken with my adopted pet to Facebook or www.ApolloSupportandRescue.com. These pictures help share the life you saved today and help support the mission of *Apollo Support & Rescue*.

E-mail applications to:  
[Inquire@apollosupportandrescue.org](mailto:Inquire@apollosupportandrescue.org)  
Or call us at 817-658-9738

Mail applications to:  
**Apollo Support & Rescue**  
8553 Beach Street # 137  
Fort Worth, TX 76244

**FOSTER TO ADOPT OPTION DO NOT SIGN UNLESS YOU CHOOSE THIS OPTION**

I agree to a two (2) week trial period that shall conclude no later than \_\_\_\_\_, 20\_\_\_\_; at which time I agree to return the Adopted Animal (listed above) to ASR or to pay the adoption fee in full. I agree that the Foster to Adopt Down Payment fee of \$ \_\_\_\_\_ will be applied toward the full Adoption fee if I choose to finalize adoption. If I should decline to adopt, this fee is non-refundable and will be considered a donation to ASR. During the Foster to Adopt trial period, I acknowledge that I have read, understand and agree to all provisions listed in this contract.

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

<b>OFFICE USE ONLY</b>		Your adoption fee is considered a donation and is tax deductible		<b>RECEIPT Tax ID is 45-4405446</b>	
Cash _____	Credit _____	Check _____	Received By: _____		
Regular Adoption fee \$ _____	Ck # _____	Sterilization Deposit \$ _____	Ck # _____		
Foster to Adopt DownPmt \$ _____	Ck # _____	Foster to Adopt Final \$ _____	Ck # _____		