



**Bergen County Protect and Rescue**  
302 2<sup>nd</sup> Street Cliffside Park, NJ 0701 (201) 945-0649  
www.BCRescues.org

**Adoption Application**

Adopter: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please give staff your photo ID card to photocopy**

**How did you hear about us?**

\_\_\_\_\_

**For Office Use Only:**

BCP&R Rep: \_\_\_\_\_ Date: \_\_\_\_\_  
Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Color: \_\_\_\_\_  
Breed: \_\_\_\_\_ Gender: \_\_\_\_\_  
Rabies Tag #: \_\_\_\_\_ Altered: Yes No  
Adoption Fee: \$ \_\_\_\_\_

Micro Chip Sticker

\_\_\_\_\_

Type of Dwelling: House [ ] \*Apartment [ ] Mobile Home [ ] Other [ ]

Do you: Own [ ] Rent [ ]

*\*If I reside in a home or an apartment which is not owned by me, I must have/bring written approval from my landlord (including landlord telephone number) or copy of lease pet clause before proceeding with this foster/adoption.*

**Initial here to acknowledge:** \_\_\_\_\_

**Landlord's Information**

Landlord's Name: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_ Apt#: \_\_\_\_\_

**Reference Verification**

Reference Name #1: \_\_\_\_\_

Reference Name #2: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Adoption Contract**

**In adopting this pet from Bergen County Protect & Rescue Foundation, I understand that:**

- 🐾 **Adoption fees are non-refundable.** I certify that I am of at least 18 years of age.
- 🐾 I will register my new pet in town within 7 days from date of adoption. (proof of rabies req'd by town)
- 🐾 I will not sell or use this animal for any medical or experimental purposes.
- 🐾 I will not sell or relinquish animal for any reason to another person or agency without BCPR's consent.
- 🐾 If for any future reason I am unwilling or unable to keep this animal, I will contact BCPR immediately and assist in producing a possible solution / placement of this pet and receive no refund.
- 🐾 I understand that the shelter cannot guarantee the health, temperament, or training of the above – described animal and hereby agree to release them from all liability once the animal is in my possession. If I do not comply with any of the above, BCPR reserves the right to reclaim this animal.
- ➔ 🐾 I understand that my pet's age and breed has been estimated to the best of BCPR's ability.
- 🐾 Dogs must wear collar with identification and current rabies tag.
- 🐾 If this animal gets lost, I will notify Home Again 1888 466-3242 immediately as to its disappearance. I will also notify my local police department and animal control agency.
- 🐾 It is important to follow advice/guidelines in your adoption packet to ensure a great and safe transition.
- 🐾 Never leave children unattended with your new pet.
- 🐾 Stress can result due to a change in environment and the animal may become ill or display behavioral changes. I understand that BCPR cannot assume responsibility for these unforeseen developments. Should this animal exhibit signs of illness within the initial 72 hours from leaving our facility, I should not hesitate to contact BCP&R for advice or direction as to the recommended course of action. Failure to do so will result in the adoptee assuming all financial costs incurred if medical treatment is necessary.
- 🐾 BCPR reserves the right to visit the animal at a prearranged time to check animal's well-being.
- 🐾 Proof of vaccinations and medical history will be provided to me at the completion of this adoption.
- 🐾 I will assume the responsibility of updating and providing my new pet with medical care from today forward. BCPR will not reimburse me for any costs incurred for any reason following my adoption of this animal.

I have today received from BCP&R the animal described above and hereby accept possession, care and custody for this animal. I discharge BCP&R, its officers and members forever from liability for any injury or damages to any person or property caused in the future by said animal and from any causes of action, claims, suits or demands whatsoever that may arise as a result of such injury or damages.

BCPR Rep _____	Adopter's Name _____	Phone _____
Address _____	City _____	State _____ Zip _____
Email _____	Signature _____	Date _____
Name _____	Breed _____	Gender _____ Rabies # _____ Age _____
Adoption Fee \$ _____	Deposit \$ _____	<input type="checkbox"/> <b>check</b> <input type="checkbox"/> <b>cash</b> <input type="checkbox"/> <b>credit</b> Date _____ Rep _____
Balance \$ _____	<input type="checkbox"/> <b>check</b> <input type="checkbox"/> <b>cash</b> <input type="checkbox"/> <b>credit</b> Date: _____	Micro Chip # _____

Revised 10/1/14

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Notes:


**Veterinarian's Information**


Do you currently have a vet? **Yes / No** *If not, please indicate the vet you intend to use for your new pet.*


Veterinarian's Name: \_\_\_\_\_


Veterinarian's Number: \_\_\_\_\_


Name on file at Vet's office: \_\_\_\_\_


 Does anyone in the household have pet allergies? **Yes / No** \_\_\_\_\_


 How many people live in your home? Adults [ ] Children [ ]


 What are the ages of the children? \_\_\_\_\_

 If no children live in the home, are children frequent visitors to your home, what are their ages?  
\_\_\_\_\_

 Do you have a private fenced yard? **Yes / No** \_\_\_\_\_

 Type of fencing and height: \_\_\_\_\_


 Are there any other pets in the household now? **Yes/No**


 If so, What Kind/Age?


 1. \_\_\_\_\_ 3. \_\_\_\_\_


 2. \_\_\_\_\_ 4. \_\_\_\_\_

 Are your pets current with vaccines? **Yes / No** Are your pets spayed or neutered? **Yes / No**

 Where will your pet spend most of the day? \_\_\_\_\_

 How many hours per day will the dog be left alone? \_\_\_\_\_

 Have you had a pet before? **Yes / No** \_\_\_\_\_

 What happened to that pet? \_\_\_\_\_

 What will you do if you can no longer keep your pet? \_\_\_\_\_

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- 🐾 What will you do if your pet requires training? \_\_\_\_\_
- 🐾 Are you committed to helping your adopted pet through any problem he may have?     **Yes / No**
- 🐾 Will you provide/share info on your pet(s) progress with us or allow a home visit as stated in our contract?   **Yes / No**

**For Office Use Only:**

Date: \_\_\_\_\_ Approved by:- \_\_\_\_\_ Denied by: \_\_\_\_\_

Comments: \_\_\_\_\_

**Follow Up Call:**

Date: \_\_\_\_\_ **BCR Rep:** \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_