CITY OF CHULAVISTA ANIMAL CARE FACILITY	Adoption Module	Internal Use Only: Department Representative: Approved Denied				
ADOPTION APPLICATION	Please note: This pro	cess may take up to 1 hour				
The Chula Vista Animal Care Facility reserves the right to refuse adoption to any applicant.						
Your Information:						

Type of animal you with to	o adopt, (circle one):	DOG	CAT	OTHER	
Is this pet adoption:		E FAMILY	□ son	IEONE ELSE	
Your name:	Co	o-owner name:			
First	Last	F	ïrst	Last	
Address:					
City:	State:	· · · · · · · · · · · · · · · · · · ·	Zip:		
Home Phone: ()	Alternate Phone:	)	Email:		
Household Information:					
Name: 2. If you are plan 3. Number of adu 4. Any members If yes, please of	Rent Live at H Phone: ning to adopt a dog, do y ults in home: Nun of your household have a explain:	() vou have a fence nber of children allergies specifi	Pet De ed yard? Ye in home: c to animals?	eposit Required? Yes s  D No  D Fence Age(s) of childre Yes  D No  D	e Height: en
5. Are all family r	nembers aware that you	are considering	adopting a p	et? Yes 🗌 No 🗌	
Pet History:					
1. Do you own ot	her pets? Yes  No Ir current pets residing at me Age	your home (inc	luding pets o	animals: f roommates(s): Owned for how long?	
3. Have you ever	given up a pet for adopt	ion? Yes	No 🗌 If ye	es, please explain the	e circumstances:
Pet Information:					
<ol> <li>Will the pet be</li> <li>Where will it sl</li> <li>How many how</li> </ol>		Outdoors t be left alone?		Yes No	





## Some Things You Should Know BEFORE YOU ADOPT...

Welcome and thank you for visiting the Chula Vista Animal Care Facility! In order to keep the adoption process as smooth as possible, please take a few moments to read the adoption requirements listed below. Our staff will be happy to answer any questions you might have. Thanks again and we hope you find your new best friend!

1. Kennels

Please write down the Animal ID number or kennel number of any animal(s) you are interested in adopting • 2. Interaction

- Approved CVACF Animal Adoption Application must be on file •
- All children under the age of 16 must be present •
- Dogs: If you have a dog(s), it (they) must be present for the interaction •
- A Behavior Assessment may be required before the interaction can take place
- 3. Adoption Fee includes:
  - Initial intake vaccines
  - Microchip
  - Rabies vaccine •
  - 1 year license (Chula Vista residents only) •
  - Spay/Neuter surgery (required by Law) •
  - Fees: Dog Adoption \$75.00, Cat Adoption \$65.00, Rabbit Adoption \$20.00

## **Required Signatures:**

I agree to waive and release the City of Chula vista, its elected and appointed officers, agents, employees and volunteers from and against any and all claims, demands, causes of action, costs, expenses (including reasonable attorney's fees and actual costs), liability, loss, damage, injury, illness, including wrongful death, in law or equity, concerning an animal I own or have custody or control of, my property, myself/heirs/executors/administrators, or to any minors in my company and their heirs/executors/administrators, arising from an interaction between my animal, myself, any minor in my company and an animal in the custody or control of the Animal Care Facility. I hereby agree to indemnify and hold harmless the City from and against any and all such claims, whether caused by negligence or otherwise. I understand and agree that by signing this waiver I am freeing the City, its employees, officers, agents and volunteers from any liability resulting from such activity. I recognize that animals may act in an unpredictable manner, and an interaction may be dangerous to people and/or animals, and I accept those dangers. I understand that if my animal(s), any minor in my company, or I suffer injury, illness or loss during or after an interaction, this waiver will be used against me and anyone else claiming damages in any claim or legal action based on my, the accompanying minor's, or my animal's injury, illness or loss. I also understand that no City employee or agent is authorized to modify this waiver. I have personally read and understand this waiver. I am 18 years of age or older.

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

The adoption of an animal should never be impulsive, but rather a well thought-out decision made by the entire family or household and always with the best interest of the animal in mind. The goal of the Chula vista Animal Care Facility is to place animals into permanent, responsible homes. We will always choose the best possible home for each individual animal, based on the animal's needs and its potential home environment.

I certify that the information given on this application is true and correct. If I am approved by the Chula Vista Animal Care Facility to adopt an animal, I agree to be responsible for providing proper shelter, food, water, exercise, medical care and humane treatment at all times. I understand that failure to comply with any of the requirements will result in confiscation of adopted animal.

## Applicant Signature : \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_