Date Received: _____

Staff Initials: _____

Animal Orphanage

71 Airport Rd, Old Town, ME 04468 | P.O. Box 565 Orono, ME 04473 | (207)827-8777

Dog's Day Out Application

Please print identification information clearly. Applicants must be 18 years old to apply for the program. Applicants must be at least 21 years old to adopt any animal.

Name of Applicant(s): _____

Is the applicant at least 18 years of age? Yes or No

Is the applicant at least 21 years of age? Yes or No

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Since (mo/yr): _____

Email: _____

Home Phone: (___) _____ Work Phone: (___) _____

Emergency Contact Information (contact must not be accompanying applicant on outings)

Name: _____

Phone Number: (___) _____ Relationship: _____

Do you own or rent your home? _____

Do you plan on bringing the dog to your home? Yes or No

If yes and you own your home please provide proof of home ownership. This can be in the form of a mortgage payment statement, house deed, tax bill, homeowners insurance, etc.

If yes and you rent please provide proof that you are allowed to bring an animal into your apartment. This could be a lease agreement or letter from your landlord or we can contact them directly. If you live with your parents, your parents are considered your landlord.

Landlord's Name: _____ Landlord's Phone Number: (___) _____

Household Information

Number of Adults in household (18yrs+): _____ Ages: _____

Number of Children in household: _____ Ages: _____

Please list all the people who will be accompanying you on the outings:

Name: _____Age:_____ Relationship: _____

Name: _____Age:_____ Relationship: _____

Name: _____Age:_____ Relationship: _____

Name: _____Age:_____ Relationship: _____

Name: _____Age:_____ Relationship: _____

Name: _____Age:_____ Relationship: _____

Are any members of your household or outing group allergic to dogs? Yes or No

Who will be the primary caregiver during the outing? _____

Do you or anyone in your household/outing group smoke? Yes or No

Would the dog be left alone at all during the outing? Yes or No

Please list any animals in your household:

Pet's name: _____ Age: _____ Species: _____

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Pet's name: _____ Age: _____ Species: _____

Pet's name: _____ Age: _____ Species: _____

Pet's name: _____ Age: _____ Species: _____

Pet's name: _____ Age: _____ Species: _____

As a participant of this program, you are not allowed to have any of the shelter dogs interact with your personal pets unless you have prior permission and your personal pets have had a meet and greet with the shelter dog you are taking prior to the outing.

Who is your veterinarian? _____ Phone Number: (___)_____

May we contact your veterinarian for a reference? Yes or No

All animals in the home must be up to date on vaccines, receive regular veterinary visits, and be fixed before being allowed to interact with any of the shelter dogs participating in the program.

Do you have any prior experience working with dogs? _____

_____

_____

Why do you want to join the Dog's Day Out program? _____

_____

_____

How did you hear about the Dog's Day Out program? _____

_____

The dogs in the program belong to The Animal Orphanage, you must understand that we use specific veterinarians for our animals. If something comes up that you think is serious and requires medical attention you **must** call us immediately so we can act accordingly. To acknowledge that you understand the information above please **initial here** _____

Zoonotic diseases are those that can be spread from other species to humans. Examples are ringworm, rabies, hookworms, and roundworms. We impress upon all Dog's Day Out participants that safe handling techniques and hygiene are important while working with animals and exposing your personal pets to new animals. Hand washing after handling and monitoring the health and behavior of the animals in your care is critical. While the occurrence of disease transmission is rare, please understand that by signing this The Animal Orphanage is not liable for financial, medical, or veterinary responsibility for any transmission that may occur to yourself, your family or companion animals. Anyone who is pregnant, has a compromised immune system, or young children should consult their physician before participating in the program.

If you fully understand the responsibility and possible risk please **initial here** _____

Participation in this program is voluntary. As such I the volunteer _____, shall indemnify, hold harmless, and release from any and all liability, The Animal Orphanage, its' officers, directors, members, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees arising out of or resulting from the participants' volunteerism at the shelter.

Signature _____ **Date:** _____

By my signature below, I _____ attest that the information in this application is accurate to the best of my knowledge. I also acknowledge that I have read and understand possible risks of Zoonotic diseases and of taking new animals into my home and that I would need prior permission before taking one of the shelter dogs into my home.

Signature _____ Date: _____

If 21 years or older and interested in potentially adopting one of the dogs in the Dog's Day Out Program please read and sign the following section:

By my signature below, I authorize The Animal Orphanage to contact:

- My veterinarian(s) to check the care provided to previous and/or current pets, and to check the spay/neuter history
- My landlord to ensure that I have permission to keep pets on the premises

By signing below, I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. If an omission or untruth is discovered after an adoption takes place, I understand that The Animal Orphanage reserves the right to annul the adoption and reclaim the animal. I give The Animal Orphanage permission to fully investigate the information provided as well as contact veterinarians and related officials.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home environment to the individual animal, and other applications received on this animal. I understand it is The Animal Orphanage's prerogative to decide which home is most appropriate and that their decision is final. Therefore, I will accept their decision and understand it will not be open for further discussion. Unless otherwise indicated by The Animal Orphanage, I am free to apply and undergo the application process in the future.

Signature _____ Date: _____

Printed Full Name(s): _____

FOR STAFF USE ONLY

ID Check:

Vet Check:

Landlord Check:

Comments: _____

_____

_____

Approved: _____ Conditional: _____ Denied: _____

By: _____ Date: _____