Geauga
MAMA DOGS AND PUPS

P.O. Box 107 Burton, Ohio 44021

GMDAPadoption@gmail.com

Non-Profit Organization 501c3 EIN 82-247334

Adoption Questionnaire, Application and Agreement

Puppy's Name _____ Age or DOB_____ Sex___ Weight_____

Litter (if known)_____ Description Color/Breed)_____

Foster's Name_____ Phone# _____ Email _____

Adopter's Name _____ Phone #_____ Email_____

Address _____

City, State, Zip _____

Please read the following conditions of adoption and indicate your agreement by signing below.

- I understand that completing this application does not guarantee approval for adoption.
- I verify that I have had a "meet and greet" with this puppy and selected it for adoption.
- I understand that I have made a commitment for the care, training and protection of this puppy.
- I agree to schedule a veterinary appointment within two weeks of adoption for follow up of vaccinations and health maintenance.
- If for any reason, I decide I cannot keep the puppy I agree to return it to the person from whom it was adopted within 2 (two) months from the date of adoption assuming the puppy is no more than 6 months old.
- There will be no refund of my donation, or any expenses incurred in the care of the puppy.
- I understand that I am responsible for the spaying or neutering of this puppy within 5 months of adoption or a date recommended by my veterinarian.
- I agree to make a $100 refundable deposit as a reflection of this commitment. (See attached Spay-Neuter Agreement for details.)
- No payment should be made until formal notification of approval is received by GMDAP Adoption Committee.

Signature _____ Date _____

Geauga Mama Dogs and Pups Adoption Application

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Adopter's Name_____ Puppy's Name _____

Are you over 18 years old? ____ Is this puppy for you? _____ Family member? _____ Friend? _____

If for a family member or friend: provide name, phone number and address of the individual. They will be contacted to confirm.

_____

Do you own or rent your home? Rent_____ Own_____
If you rent, you must provide written landlord authorization to have a dog before adopting.

How many adults live in your home? _____ How many children? _____ Ages? _____

Current Pets:
Names of Pets and type (dog/cat/hamster/rabbit/etc)_____

_____

Farm Animals _____

Where will the dog live? Inside _____ Outside _____ Barn/Garage_____

Where will your dog sleep? Crate_____ Bed_____ Other_____

Number of hours your dog will be home alone? _____

Plans for outdoor activities?
Fenced yard ____ Train to yard ____ Leash Walk ____ Tie out or Cable ____ Run free____

What activities do you plan to do with your dog?
Play/walk _____ Guard dog _____ Obedience_____ Agility_____ Hunting_____

Are all current animals spayed/neutered? _____ If not, why?_____

Are your current pets vaccinations up to date? _____

Are your pets on flea & tick prevention medication? _____

Are your pets (dogs) on heart worm medication? _____

Important : *Please contact your veterinarian and authorize the sharing of information with GMDAP regarding the care of your past and present animals. If you don't have a veterinarian, select one and make an appointment for a well-puppy visit. Provide the veterinarian's name and date of appointment.*

Veterinarian's Name _____ Phone Number_____

Date of appointment _____

This application will be approved or declined after review and references confirmed. The foster and the adopter will be notified by email.
Payment should be made only after notification of approval has been received.

Amount paid $275 Venmo_____ PayPal _____ Check # _____ Cash _____
$100 of this amount will be refunded upon verification of spay/neuter of puppy.
The $175 donation is non-refundable. It will be used to cover the veterinary expenses of the mama dogs and puppies in our care.

Payment may be remitted by one of the following:
Venmo (@geaugamamadogsandpups)
PayPal (geaugamamadog@gmail.com)
Check (send to GMADP, PO Box 107, Burton, Ohio, 44021)
Cash, delivered in a marked envelope to foster, to be received at headquarters (please give to Karen, Audrey or Dianne).

For all active or retired Military, Police, Fire and EMT personnel: In honor of your service this fee will be waived with proof of call. Proof of call examples: Military/Police/Fire/EMT ID, VA ID, DD214

THIS PUPPY MAY NOT BE PLACED UNTIL THE FOSTER AND THE ADOPTER HAVE BEEN NOTIFIED THAT THE APPLICATION IS APPROVED, ADOPTION FEE REMITTED AND RECEIPT OF SPAY/ NEUTER DEPOSIT IS CONFIRMED.

Please attach the puppy's Medical Record/Intake Sheet for our file.

Geauga Mama Dogs and Pups Spay/Neuter Agreement

Addendum to Adoption Application

Adopter's Name _____ Phone Number _____

Date of adoption_____ Puppy's Name_____ Male/Female____

Litter_____ Description_____

Foster's Name _____ Phone Number _____

Date by which puppy will be spayed/neutered _____

As the adopter, you have agreed to arrange for the spay or neuter of the puppy you are adopting, at your expense, within 5 months. Please make a refundable deposit of $100 to the account of GMDAP by PayPal (geaugamamadog@gmail.com) or Venmo (@geaugamamadogsandpups) or check sent to GMDAP, PO Box 107, Burton, Ohio 44021. Email a copy or send a screen shot of the receipt to GMDAPadoption@gmail.com.

As the adopter you are responsible for making the appointment for the spay or neuter surgery of your puppy. You may use any certified veterinarian or clinic to have the spay/neuter surgery performed. GMDAP has provided a list of low cost spay and neuter clinics in the area. It frequently takes several months to get an appointment at one of these clinics, so please plan ahead.

The adopter will provide a copy of the veterinary receipt for spay or neuter surgery to verify compliance. It is the responsibility of the adopter, not the veterinarian, to ensure that GMDAP has received verification that the surgery has been performed.

Your deposit will be refunded by PayPal or Venmo or check within 10 days of verification of the spay/neuter. Account for refund of deposit Venmo@ or PayPal@ :_____

In order to receive reimbursement, proof of spay/neuter must be received with fourteen (14) days after the surgery. Please email a copy of the paid bill to GMDAPadoption@gmail.com. If the pet's health does not allow for the required surgery to be done by the above date, adopter must provide a written statement from the veterinarian explaining the circumstances for postponement and a new date will be established.

Permanent adoption of this puppy is contingent upon your compliance with this agreement. Failure to comply will be considered a breach of contract. Adoption fees and this deposit will be forfeited, and the puppy must immediately be returned to GMDAP.

Signature _____ Date _____