

Sarah Holbert, CEO
Megan Lewellyn, Canine Assistance Director
Amanda Blackwood, Adult Services Director



PO Box 314
Concordia, Ks 66901
1-800-498-1077
FAX 1-785-243-1079
caresks.com

ADOPTION APPLICATION
FOR CARES CAREER CHANGE DOGS

Name: _____ Date: _____

Address: _____

Phone: _____ Home

_____ Work

List other persons living in your home:

Name _____ Age _____

Do you have any other pets in your home? Yes ___ No ___ If yes, please list: _____

Are you involved in any dog related activities? Yes ___ No ___ If so, what? _____

What experience do you have with dogs? (showing, obedience classes, grooming, etc)

How did you find out about the CARES, Inc. adoption program? _____

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Do you have a fenced in exercise area? _____ If not, how do you plan to keep the dog supervised?

TWO LETTERS OF REFERENCE MUST ACCOMPANY APPLICATION (preferably a reference from the vet you will be using or have used in the past)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

IMPORTANT NOTICE: January 17, 2016 the CARES, Inc. Executive Board put into effect the following policy: a \$50.00 application fee must be returned with this application in order for you to be placed on our active waiting list.

When signing this application you are taking responsibility for a released working dog. The canine will be a PET and CARES, Inc. has the authority to remove the dog from an adoptive home if CARES, Inc. receives two valid complaints of mental or physical abuse or neglect.

If you understand and agree to the terms, sign below.

1. I agree to assume financial responsibility for my career change dog.
2. I agree to provide health care for my career change dog.
3. I agree to reimburse CARES, Inc. a minimum \$500.00 non-refundable adoption fee for a career change dog.
4. Adult dogs that have been spayed/neutered and have no known health issues, the adoption fee may be a minimum of \$1000, non-refundable, depending upon the age and training of the dog

This application **MUST** be signed and the application fee be received before CARES, Inc. will open a file in the applicant's name and put on the active waiting list.

Signature: _____

Parent/Guardian (if under the age of 18): _____