

# SCARS Offline Application

Print form and then fill in all fields (those fields annotated with a red \* are required). Be complete as possible - use N/A for fields that do not apply. Then sign and send to SCARS, PO Box 22, Auburn, KS 66402, OR fax to: 785-267-2254 . You can also scan the printed form and email it to [contacts@scarsusa.com](mailto:contacts@scarsusa.com).

- **Information about you:**

- Name \* First \_\_\_\_\_ Last \_\_\_\_\_
- Address \* Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Phone \* \_\_\_\_\_
- Email \* \_\_\_\_\_
- Fax (if applicable) \_\_\_\_\_
- How long have you lived at this address? \* \_\_\_\_\_
- Do you rent or own your home? \*  Rent  Own
- If you rent, landlord name: First \_\_\_\_\_ Last \_\_\_\_\_
- Landlord phone \_\_\_\_\_
- Are pets allowed at this address? \*  Yes  No
- Names and ages of everyone living in your home \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Primary care giver for the pet \*: First \_\_\_\_\_ Last \_\_\_\_\_
- Why do you want to adopt a pet? \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Applicant's employer \* \_\_\_\_\_
- Length of employment \* \_\_\_\_\_
- Work phone \_\_\_\_\_

- **Information about your current pets:**

- How many pets do you have? \* \_\_\_\_\_  
List pets: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- List pets by name/age/species/temperament, and (if dog or cat) indicate if they are spayed or neutered. N/A if none. (example, Buddy/dog/friendly/neutered)
- Do your pets regularly see the vet? \*  Yes  No  N/A
- Veterinarian's name: First \_\_\_\_\_ Last \_\_\_\_\_
- Veterinarian's Address: Street Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- N/A if you have had no pets. Example, Sam/dog/died of old age, Missy/dog/hit by car.

Past Pets: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Information about the animal you want to adopt:**

- Name/description of dog(s) you would like to adopt: \* \_\_\_\_\_  
You can find the available dogs on the "Adopt Me" page. If you are just looking for a type of dog, enter the description of what you are looking for.

References: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(example, John Smith, friend, 22 Any Street, Sunnydale, KS 66123, (785) 111-1111

- **Please read the following before submitting the applications:**

1. All dogs will be spayed/neutered before leaving SCARS.
2. I agree that the dog I am adopting will be kept in a fenced yard, never on a chain or running loose. This is for the dog's safety.
3. I agree to keep a collar with identification tags on the dog at all times.
4. I agree to keep the dog on a leash at all times when the dog is taken out in a public area which enforces a leash law, any area which requires total control over the dog at all times, and any residential area which requires the dog to be leashed at all times when walked.
5. I agree to obtain medical care for the dog whenever needed.
6. I agree to begin heartworm preventative at four months of age at the time the dog receives the first rabies inoculation by law, unless recommended otherwise by my veterinarian. The dog shall remain on heartworm preventative throughout its entire lifespan. The dog shall also have all required periodic booster inoculations as required.
7. If the dog is to reside outdoors, I promise to provide the dog with adequate shelter both summer and winter, straw or other warming material in the winter, and adequate food and water within reach at all times. I also promise to bring the dog inside during frigid weather. During the summer the dog must be provided with adequate shade from either trees or manmade shelter.
8. I understand that outdoor metal pens do not comprise an acceptable shelter.
9. I will comply with all Kansas State (or the state in which the dog resides) statutes pertaining to cruelty to animals, 21-4310. I understand that adopted dogs will be reclaimed by SCARS if there is a violation.
10. I understand that I will not receive the dog being adopted until I have paid the adoption fee(s).
11. SCARS reserves the right to periodically visit and check on the welfare of all dogs after adoption.
12. If for a any reason you are unable to keep the dog you adopted, it is to be returned to SCARS and no place else.
13. No refunds unless the dogs has a catastrophic ailment diagnosed within 14 days of adoptions.

Your signature below indicates acceptance of the terms listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date