

Please mail to:
Crest-Care
192 Parkers Corners Rd
Princeton, NY 12306

CREST-CARE, Inc

Representative Application

NOTE: (NO APPLICANT WHO HAS OR PLANS TO USE AN ELECTRONIC FENCE, OR TIE OUTS WILL BE CONSIDERED. FURTHER, NO APPLICANT OWNING AN INTACT ANIMAL WILL BE CONSIDERED. EXCEPTIONS WOULD BE CERTIFICATION FROM A VETERINARIAN SAYING THE ANIMAL IS NOT HEALTHY ENOUGH TO BE ALTERED, OR THE ANIMAL IS EITHER BEING SHOWN OR IS A FINISHED CHAMPION UNDER THE AGE OF SEVEN (written proof to this effect is required).

Failure to complete required questions will result in application not being processed.

Name _____

Street Address _____

City _____

State/ZIP _____

Home Phone: _____

E-Mail address: _____

Date of Birth: _____
_____ *must be at least 21 years of age to adopt

Please Note: Applicants that pass the veterinarian and personal reference check will be requested to furnish their drivers license number via phone or US postal mail (applicants choice) to their Coordinator, prior to Approval to Adopt, or to becoming a Representative of Crest-Care Inc. The information will be kept confidential with the exception of law enforcement/background check to determine if the applicant has any record of abuse or neglect toward any animal left in their care.

Occupation _____

Business Phone _____

Marital Status _____

If you have a significant other, does that person approve of your involvement with our organization? Yes _____ No _____

Do you have children? _____

If yes, what are their ages? _____

Do you have children visiting often? _____ If yes, what are their ages?

Personal Reference name and address (please use a reference other than immediate family)

Personal Reference (name and phone) _____

Vet reference (name and phone) _____

*** REQUIRED**

Do you support spay and neuter contracts:

Do you own Chinese Cresteds? _____ If yes, how many _____

Do you breed Chinese Cresteds? _____ If yes, how many litters per year? _____

Do you breed any other breeds? _____ If yes, how many litters per year

Do you breed any other type of companion animal? _____

If yes, what kind and how many per year?

What is the TOTAL number of animals housed at your home?

WILL ADOPTING A CREST-CARE DOG PUT YOU OVER THE LIMIT OF DOGS
ALLOWED BY YOUR CITY OR TOWNSHIP? _____

List species of animal, name, sex, and age for each animal permanently in your care.

List species of animal, name, sex, and age for each animal temporarily in your care.

Have you previously adopted a dog on an adoption contract?

If yes, where is the dog now? _____

Do you own your property? _____

If you rent, what is your landlord's policy on animals?

Landlord's name and phone number _____
* REQUIRED

Does the community you live in have any restrictions on number of animals allowed?

If yes, what is that policy? _____

Does your residence have a fenced area?_____ If yes, what is the approximate size?

Are you a member of any kennel or training club?

If yes, what are the names of the clubs and what duties do you assume as a club member?

Are you a member of or do you support any rescue or animal rights organizations?

If yes, what organizations and in what way do you support them?

Have you read Crest-Care, Inc.'s [Policies and Procedures](#)?

Do you have any questions regarding our policies and procedures?

Do you understand that your vet and personal references will be checked and a home check will be conducted prior to your being approved to act as a representative for Crest-Care, Inc?

If you are accepted as a representative for Crest-Care, Inc. please place a check by the activities you can do.

_____ long term foster _____ short term foster _____ transportation
_____ fund raising _____ committee head _____ board member
_____ shelter contact _____ other

I submit the above application. I understand that if I am not accepted as a member, the reason for the decision will not be disclosed to me. Also, if another rescue organization is doing a check, information Crest-Care, Inc. has obtained may be disclosed to those legitimate organizations.

If accepted as a Crest-Care, Inc. member I agree to abide by the Policies and Procedures of Crest-Care, Inc. I will maintain the Mission Statement and will abide by the rules set forth by Crest-Care, Inc. I will turn over to the treasurer any money (adoption or donation) that I receive for Crest-Care, Inc. Additionally, I certify I am in good standing with the American Kennel Club and I am at least 21 years of age.

Signature: _____ Date: _____