McKamey Office Romance Project Application

Name:						
DL#/ State :						
Phone Number: Alt. Ph				Alt. Phone Number:		
Alternate Conta	ict Name:			Phone Number:		
Email Address:_						
Home Address ((Current Resid	lence): Stre	eet			
City:			State:	Zip:		
Please describe	your activity	plans for th	e day:			
Will children be	present at th	e Host loca	tion? Yes	No Ages:		
Will any other p If yes, please de						
		•	-	rom different environments, we require that all current pets be on all three of the following: Bordetella, DHPP, and Rabies?		
*If no or not sure, you may have these vaccinations completed at the Veterinarian of your choice or at McKamey for a small fee. This must be completed prior to taking the McKamey dog on an adventure. Please initial here if you are interested in having your animals vaccinated at McKamey:						
What is your experience handling animals or introducing new animals to your current pets? Please Describe.						
retrieve the dog	g earlier in ord	ler to bring	the animal bac	mey in order to adopt my McKamey animal, I allow McKamey to ck to McKamey as soon as they are able to so that he/she may be answered or returned within 30 minutes. Initial Here:		

Please proceed to the reverse side for Home for the Holidays Rules and Guidelines.

McKamey Office Romance Project Guide Regulations

(Please initial every statement, sign and date at bottom)

	ains the property of McKamey Anin	nal Center (MAC), and you are hereinafter
referred to as the Host applicant.		
		someone you encounter is interested in adopting
your Host pet, please refer them to t		
		AC. Under no circumstances may the Host
	ner party prior to approval from the	e Foster Supervisor or Director of Animal Care
and Placement.		
		rous situations (i.e. Riding in an open pick-up
truck or left unattended in Host locat	tion. Host dogs are not allowed to \S	go to off-leash dog parks, or to areas where other
dogs are known to be off-leash.		
The Host applicant agrees to	keep all dogs leashed at all times;	unattended tethering is prohibited.
McKamey animals must have	e their McKamey ID Tag on at all tin	nes.
Medical concerns must be in	nmediately reported to the McKam	ney Adoptions Supervisor, Vet Services Director,
or Director of Animal Care and Place	ment. McKamey will not be respon	sible for any veterinary bills incurred if the Host
		n one of the aforementioned parties.
		s must be current on their vaccinations. Exposing
	•	enter will not be responsible for any illness your
animal may contract as a result of ex		
•		e than four hours and that the Office Romance
		rring on Tuesday, Wednesday, Friday, Saturday,
_	_	
		00 PM EST. Adventures are not permitted on
, , , , , , , , , , , , , , , , , , , ,		and drop off time directly with the Adoptions
·	•	If the Host applicant wants to return the animal
	or making contact with the on-call	Animal Control Officer at the number provided
on the Contact Reference Card.		
In the event of an overnight	emergency (such as the Host applic	cant being unable to return the animal to MAC
before closing) the Host applicant wi	II provide the animal with humane	care and maintain them in accordance with all
current state, county, and municipal	laws and ordinances while they are	e in his/her care. The Host applicant will provide
McKamey pet with adequate food, w	ater, affection, socialization, and e	exercise as they would their own pets.
		ormation regarding the temperament and habits
		hrough the use of crates, leashes, supervision,
_		a nuisance, destroy property, injure or be injured
	_	
		AC will not be held liable for any damages caused
	aviors must be immediately commi	unicated to the Adoptions Supervisor or Director
of Animal Care and Placement.		
Drint Name	Cianatura	Dete
Print Name	Signature	Date
For Staff Use Only:		
Application Status:		
Approved/Denied by		Datos
Approved/Denied by:		Date:
Explanation/Notes:		