

Adoption Application

Please answer EVERY question or your application will not be considered.

Date: _____ Name of dog(s) interested in: _____

Your name: _____ Your Age: _____

Home Phone #: _____ Cell Phone #: _____

Your **complete** Address: _____

Your e-mail address: _____

(Please put an X inside all parenthesis that apply throughout the application)

1. Who shares your household? () Spouse () Significant Other () Children
() Roommate () Live in () Other (specify): _____

2. Age(s) of children (if any) _____

3. Type of dwelling? () House () Apt () Condo () Townhouse
Other (specify): _____

4. How long at this residence? _____

5. Do you () Rent () Own () Live with relatives () Live with friends

6. If renting are dogs allowed? () Yes () No

7. Is there a weight limit? (if yes, how much) _____

8. Are certain breeds not allowed? (which ones) _____

9. May we contact your landlord? () Yes () No

10. Landlord's name & phone #: _____

11. What is your occupation? _____

12. Occupation of your housemate? _____

13. Do you work full time (8 hour day)? () Yes () No

14. Does your housemate work full time (8 hour day)? () Yes () No

15. Who is more the "dog person" you or your housemate? _____

16. If your present relationship were to change with whom would the dog remain? _____

17. At what age do you feel children are responsible enough to take care of a dog WITHOUT assistance (i.e. walk, feed, etc.)? _____

18. Is anyone in your household allergic to dogs? _____

19. What percentage of time will the dog be in the house? _____

20. What percentage of time will the dog be in the yard?
21. Is the dog allowed on the furniture? () Yes () No
22. **Where** will the dog sleep at night? (**be specific**)
23. When you leave the house where will the dog be?
24. **How** will you provide exercise for your dog?
25. When you go on vacation who will care for your dog? () House sitter () Vet
() Boarding Kennel () Friend's house () Friend feeds but does not stay
- Other (explain):
26. Do you have a Doggie Door? () Yes () No
27. If No, will you install a doggie door for your new dog? () Yes () No
28. Is anyone home during the day? () Yes () No If yes, who:
29. How many hours will you leave the dog alone during the day?
30. Do you have a gardener? () Yes () No
31. Do you have a person who cleans the pool? () Yes () No
32. Where will the dog be while they are working?
33. Do you trust these workers not to let the dog out?
34. Does your pool have a safety fence around it? () Yes () No
35. Does the meter reader enter your yard when you are not home? () Yes () No
36. Do you have a housekeeper who enters your house when you are not home? () Yes () No
37. If yes, how long have you had this housekeeper?
38. If you rent, does your landlord have a key to your house? () Yes () No
39. To your gate? () Yes () No
40. Do you share your yard with other tenants? () Yes () No
41. Do you have a fenced back yard? () Yes () No
42. Do you have a fenced front yard? () Yes () No
43. What type of fencing do you have?
44. What is at the bottom of the fence? () Dirt () Grass () Cement () Other:
45. How high is the fence?
46. How high is the gate?
47. Which of the following is used to secure your gate?

Latch Padlock Keylock Other:

48. During a 24 hour period, when is your gate locked? Days only Nights only

Only when I leave the house All the time Other:

49. I don't lock my gate because: I live in a safe neighborhood

Meter readers or workers must enter I and or my housemate use it a lot

My children & their friends use it a lot Other:

50. If you dog had gotten out, which of the following **WOULD** you do? Check shelters

Put up signs Put ads in newspapers Search the streets

Wait because my dog may come back Other:

51. Will you feed your dog canned or Dry food?

52. What brand of food will you feed your dog?

53. Will you feed the dog "people food"? Yes No

54. If yes, what kind?

55. Who, in your house, will be mostly responsible for feeding the dog?

56. How many times per day will you feed the dog? Once Twice 3 Times

Free feed (leave food down all the time) Other:

57. Which of the following will you use for Flea Control? Flea Baths Flea Collar

Flea Sprays Herbal Remedies Advantage or Frontline Other:

58. Have you ever trained a dog in obedience class? Yes No

59. If yes, what training methods did you use?

60. Which of the following situations would you allow your dog to be off leash?

Park Hike Beach Neighborhood Walk My front yard

Never off leash Other:

61. What discipline will you use if your dog chews something valuable, sentimental, or even a pair of shoes or the TV remote control?

62. Which of the following disciplines will you use if your dog just won't listen and is being very naughty?

Spank with hand Spank with newspaper Swat Nose Stern Voice
 Yell at dog Scruffing (pull skin up on back of neck) Other:

63. When will your dog wear a choke chain? Never Always Only on walk

64. Do you think it's necessary for your dog to wear an ID Tag? Yes No

65. If yes, what kind? License Your address & phone # Vet/Rabies

66. Which of the following would force you to give up your dog?

Move locally Move out of state Move overseas

67. Under what circumstances will you not keep your dog: Divorce/Separation

Allergies Dog barks a lot Dog digs a lot Dog nips at strangers

Dog bites children Dog loses control of bladder Dog develops chronic illness

High vet bills Dog is just untrainable Dog gets bigger than you thought it would

68. In the past, if you were forced to give up your dog, what did you do? Gave to friend

Gave to relatives Gave to Animal Shelter Gave to Rescue Put to sleep

Found home through newspaper, craigslist, etc. Other:

69. What is the name of your veterinarian?

70. Address & Phone # of your vet:

71. Will you become frustrated if your dog is not housebroken? Yes No

72. How do you plan on housebreaking your dog?

****Please Understand that even dogs that are housebroken WILL go through an adjustment period****

73. If your dog(s) needed acute medical attention for an illness **or emergency care** are you prepared to handle the expenses? Yes No
Do you have a limit on how much you would or could spend on your dog's medical needs?
 Yes No If yes, how much?

74. If your dog becomes destructive what would you do?

75. Have you applied to any other Rescue groups? Yes No

76. If yes, which ones:

77. Please describe your animal history below. List the animal's breed, age, spayed / neutered, length of ownership, **if you still have the animal or if you no longer have the animal**, how it died, lost, stolen, etc.

Please be specific.

BREED	Age	M/ F	S/N	How long owned	What happened? (still have or how died)

Please tell us anything else you would like us to know about you, your family, etc...

Thank you for your interest in one of our Rescue dogs.

Please be advised that filling out this application is not a guarantee of adoption.

Print Name:

Date: