



DOG ADOPTION APPLICATION

Please use another sheet if you'd like to include more information than the application allows.

Date _____

DOG (OR KIND OF DOG) YOU'RE INTERESTED IN ADOPTING

Pet's Name _____ Male _____ Female _____ Breed _____ Age _____

ADOPTER INFORMATION

Applicant _____ Age _____ Occupation _____
Co-applicant (Spouse or Significant Other) _____ Age _____ Occupation _____
Street Address _____ City _____ County _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ E-mail _____
Employer _____ Work Phone _____

1. Please list the names and ages of all other people living with you _____

2. I am: employed _____ student _____ retired _____ unemployed _____ work from home _____ stay-at-home mom _____

3 Do **all** the members of your household want to adopt this pet? _____ Is this pet a gift? _____ For whom? _____

4. Please check any of the **reasons for adopting** this dog: family pet _____ child's pet _____ companion _____ watchdog _____
companion for other pet _____ hunting dog _____ guard dog for business _____ gift _____ other (specify) _____

5. Are you willing to allow a representative from FHCR visit your home by appointment? _____

6. Do you own _____ or rent _____ live with parents _____? House _____ Apt _____ Condo _____ Townhouse _____ Mobile Home _____

7. If you rent, name of landlord or real estate company: _____ Phone _____

8. If you rent, may we check your lease for a pet clause? _____ How much is the pet deposit? _____

9. How long have you lived at this residence? _____ If you rent, do you have landlord's permission to have dog? _____

10. Do you have a **fenced yard**? _____ If yes, what kind? _____ height? _____ doggy door? _____

11. Is anyone in the home **allergic to animals**? _____ If yes, who and to what? _____

12. How many hours will your dog be **home alone** on a typical week day? _____ on weekends? _____

13. Where will your new dog stay when **home alone** during the day? _____

14. Where will your new dog **stay/sleep at night**? _____

15 If your pet will be **living outside**, please describe its living facilities: _____

16. If you are no longer able to keep your dog for any reason, at any time, will you **return the dog to us**? _____

17. If you date or marry someone who does not like your pets, what would you do? _____

18. What kind of **temperament** are you looking for in a pet? _____

19. Please describe your family (i.e.: are you active and on the go, or homebodies. Please be as specific as possible)

20. How many pets do you have at home now? _____ How many have you had in the past 5 years? _____

21. Please list all pets you currently have, and have had in the past five years, and what happened to them:

<u>Name</u>	<u>Species</u>	<u>Breed</u>	<u>Age</u>	<u>Spayed/Neutered?</u>	<u>Living/Deceased</u>	<u>Vet Used</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

22. Do you know about **heartworm disease** and how to prevent it? _____

23. Do/did you keep your pets on **heartworm prevention** medication? _____ What brand do you use? _____

24. How do you plan to prevent **fleas and ticks**? _____

25. Has a **dog or puppy died on your premises in the last 6 months** of distemper, Parvo, or other causes? _____

Please make sure that all pet and veterinarian information is accurate and up to date. We do check references carefully and will reject an application solely on the basis of discrepancies found. If you have moved recently and/or have changed veterinarians, please make us aware of this so that the information we procure will match what is in your application. Your veterinarian may require verification from you in verbal or written form that you authorize him/her to release information to the FHCR. Information from veterinarians is completely confidential and cannot be discussed with the applicant once the reference check is completed. By filling out and submitting this application I hereby authorize any veterinarian named below to release any information and records concerning my past or present care of animals to whomever presents this application.

I give my permission for the FHCR to contact the veterinarian named below, and for him/her to release all information and records concerning my past or present care of animals.

Signed: _____ **Date:** _____

26. Name of the **Veterinary Clinic** you use the most: _____ Phone number _____
Street Address: _____ City: _____ State: _____

27. What do you expect **annual pet care** (vet care, medications, heartworm preventative, etc.) to cost yearly? _____

28. Are you willing to keep vaccinations up-to-date and provide adequate **medical care** for this pet? _____

29. Suppose your dog develops a **medical problem** that becomes expensive, but has a good quality of life. What would you do? _____

30. If you are considering a long-haired breed, **how often would the dog be groomed?** _____
Would you do it yourself? _____ Have a groomer do it? _____ How much would you expect it to cost? _____

31. Who will be responsible for the **daily care and training** of your new dog? _____

32. Are you willing to go to **obedience training** with your dog if necessary? _____

33. Are you willing to keep a **collar, ID tag, and rabies tag** on all of your pets including your new dog at all times? _____

34. Where did you hear about Forever Home Canine Rescue? _____

If you do **NOT** have a veterinary reference, please list the name, address and phone number of a personal, non-related and non-significant other as a reference:

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information is grounds for disallowing the adoption of the rescue dog and possible removal of said dog from my home.

Signed _____ Date _____ Signed _____ Date _____