



**Please Read Before Filling Out Application:** We are matchmakers. This Application as one of the tools we use to screen applicants to help match each unique dog to the right home. We believe most of the dogs who have come into our care have already had enough trauma, isolation, fear, neglect, abuse, loneliness and harm to last a lifetime, therefore our adoption application and approval process is designed to protect the dogs that have come into our care, Each dog deserves our very best so be honest & give details.

**NOTICE:** if we discover any act of omission, misleading, or false info here application will be rejected, or if discovery is made after adoption then adoption is annulled, dog will be seized by rescue without refund and you face possibly of criminal and civil charges. We Take placement of our dogs Very Seriously because WE LOVE our Rescued Dogs and Must Protect them going forward.

**Answers to every question required**, if it doesn't apply then mark N/A, Forms must be hand signed, and sent in with proof of homeownership / current copy of lease, and applicant must immediately call veterinarian giving them permission to speak to us. If form submitted incomplete, without hand signature, without proof of residence, or if we are not cleared to speak to your veterinarian our volunteer adoption coordinator will move on to the next application.  Please Do Not skip anything, if a Q doesn't apply put N/A.

**Name of Dog you wish to Adopt** \_\_\_\_\_ (If you want help selecting write 'match-me').

**Breed** \_\_\_\_\_ **Sex** \_\_\_\_\_ **weight** \_\_\_\_\_ **color/s** \_\_\_\_\_ **Age** \_\_\_\_\_

**How did you learn of this dog** \_\_\_\_\_

**APPLICANT'S FULL LEGAL NAME:**

\_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Drivers License number \_\_\_\_\_ state issued \_\_\_\_\_

• Do you own your own car? \_\_\_\_\_

• If no car, How would you Get Dog to Emergency Veterinarian? \_\_\_\_\_

**HOME ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Mobile Phone# (\_\_\_\_) \_\_\_\_\_ Landline (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Home Email \_\_\_\_\_ Work /alternate Email \_\_\_\_\_

Are you Currently Employed? \_\_\_\_\_ Your Employer \_\_\_\_\_

Current Occupation \_\_\_\_\_

Current title & position \_\_\_\_\_

Work Address \_\_\_\_\_ city \_\_\_\_\_

State \_\_\_\_\_ zip \_\_\_\_\_ Supervisor name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Your Direct work # (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Days/ Hours worked \_\_\_\_\_ Total weekly hours \_\_\_\_\_

If Not Currently Employed, Why Not \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Degree/Vocation/ Certification \_\_\_\_\_

Do you work a second, seasonal or part-time job? \_\_\_\_\_

Secondary Employer \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ zip \_\_\_\_\_

Supervisor name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

What days/hours or season do you work there \_\_\_\_\_

**Co-Applicant** ie Spouse, Parent, Partner, adult child etc.**Co-Applicant's name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Current Age \_\_\_\_\_ own car? \_\_\_\_\_

Co-applicant Drivers License # \_\_\_\_\_ state of issue \_\_\_\_\_

Co-Applicant's Relationship to you \_\_\_\_\_

Mobile ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Alt/Email \_\_\_\_\_

Is co-applicant Employed? \_\_\_\_ where Employer \_\_\_\_\_

Current Occupation \_\_\_\_\_ Tittle \_\_\_\_\_

Current position \_\_\_\_\_

Work Address \_\_\_\_\_ city \_\_\_\_\_

State \_\_\_\_ zip \_\_\_\_\_ Supervisor name \_\_\_\_\_ phone ( \_\_\_\_ ) \_\_\_\_\_

Direct work # ( \_\_\_\_\_ ) \_\_\_\_\_ Extension \_\_\_\_\_

Days/ Hours worked \_\_\_\_\_ Total weekly hours \_\_\_\_\_

If Not Currently Employed, Why Not \_\_\_\_\_

Highest grade co-applicant completed \_\_\_\_

Degree/Vocation/ Certification \_\_\_\_\_

Does co-applicant work a second, seasonal or part-time job? \_\_\_\_\_

Secondary Employer \_\_\_\_\_ Street Address \_\_\_\_\_


City \_\_\_\_\_ State \_\_\_\_ zip \_\_\_\_\_

Supervisor name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

What days/hours or season does co-applicant work there \_\_\_\_\_

We Must Be Sure dog is a good fit for all who live there. We are very good detectives so be sure you are honest here. \*\* Applicant Must include ALL full time, seasonal and, occasional, and part time human and animal residents

\*\*Failure to disclose all beings living inhome will result in rejection of application or nullification of adoption contract & seizure of dog by rescue without refund \*\*

 **LIST ALL ADULTS Living in Your Home** (full time, part time, seasonal, & occasional)

1st Adult's Full Name \_\_\_\_\_

Relationship to primary applicant \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Is adult residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

2nd Adult's Full Name \_\_\_\_\_  
Relationship to primary applicant \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Is adult residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

3rd Adult's Full Name \_\_\_\_\_  
Relationship to primary applicant \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Is adult residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

4th Adult's Full Name \_\_\_\_\_  
Relationship to primary applicant \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Is adult residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

 — **LIST ALL CHILDREN Living in Your Home** —  (full time, part time, seasonal, & occasional)

1st Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to primary applicant \_\_\_\_\_ Gender \_\_\_\_\_  
Is child residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

2nd Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_ Gender \_\_\_\_\_  
Is child residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

3rd Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to primary applicant \_\_\_\_\_ Gender \_\_\_\_\_  
Is child residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

4th Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_ Gender \_\_\_\_\_  
Is child residing there full-time, part time, seasonal, occasional or other \_\_\_\_\_

**(ANY ADDITIONAL ADULTS &/or CHILDREN MUST BE SUBMITTED WITH APPLICATION ON AN ADDITIONAL PAGE)**

1. Do you have employees that work at the house such as Nanny, Dog-Walker, Pool maintenance, house cleaner, RN, Nanny, Landscaper, Personal Assistant etc? \_\_\_ What is their job? \_\_\_\_\_
2. Have you discussed adoption with all household members and employees? \_\_\_\_\_
3. Have you explained how they'll need to be conscientious of dog's health & safety, prevent it from slipping out doors, taking flight, their need to secure dog, close gates, check doors, keep dangerous chemicals, plants, persons, wild animals & strays away from dog's areas to prevent dog from getting hurt or sick ? \_\_\_\_\_
4. What will you do to ensure that household members, visitors, neighbors, workers etc will treat dog properly and do not let it loose or cause any intentional or unintentional harm? \_\_\_\_\_
5. Do you currently have any pets \_\_\_\_\_ how many \_\_\_\_\_

**List all existing pets below.** Failure to list all the pets living in the home will result in a rejected application or if omission is discovered after adoption then adoption agreement will be annulled and adopted animal will be immediately seized and reclaimed by rescue without refund.  
*You Must Include your pets & any pets belonging to other household members.*

1- Name of pet \_\_\_\_\_ species \_\_\_\_\_ name of owner \_\_\_\_\_  
spayed or neutered \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ size \_\_\_\_\_  
color/s \_\_\_\_\_ Age \_\_\_\_\_ Date acquired \_\_\_\_\_  
Does this pet get along well with other pets? \_\_\_\_\_ Any Resource guarding \_\_\_\_\_ medical issues \_\_\_\_\_

2- Name of pet \_\_\_\_\_ species \_\_\_\_\_ name of owner \_\_\_\_\_  
spayed or neutered \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ size \_\_\_\_\_  
color/s \_\_\_\_\_ Age \_\_\_\_\_ Date acquired \_\_\_\_\_  
Does this pet get along well with other pets? \_\_\_\_\_ Any Resource guarding \_\_\_\_\_ medical issues \_\_\_\_\_

3- Name of pet \_\_\_\_\_ species \_\_\_\_\_ name of owner \_\_\_\_\_  
spayed or neutered \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ size \_\_\_\_\_

color/s \_\_\_\_\_ Age \_\_\_\_\_ Date acquired \_\_\_\_\_  
 Does this pet get along well with other pets? \_\_\_\_\_ Any Resource guarding \_\_\_\_\_ medical issues \_\_\_\_\_

4- Name of pet \_\_\_\_\_ species \_\_\_\_\_ name of owner \_\_\_\_\_  
 spayed or neutered \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ size \_\_\_\_\_  
 color/s \_\_\_\_\_ Age \_\_\_\_\_ Date acquired \_\_\_\_\_  
 Does this pet get along well with other pets? \_\_\_\_\_ Any Resource guarding \_\_\_\_\_ medical issues \_\_\_\_\_

5- Name of pet \_\_\_\_\_ species \_\_\_\_\_ name of owner \_\_\_\_\_  
 spayed or neutered \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ size \_\_\_\_\_  
 color/s \_\_\_\_\_ Age \_\_\_\_\_ Date acquired \_\_\_\_\_  
 Does this pet get along well with other pets? \_\_\_\_\_ Any Resource guarding \_\_\_\_\_ medical issues \_\_\_\_\_  
 (List additional pet's info on an additional page & submit at same time as application)

### Current pets:

1. Are any of current pet's protective of their home, crate, food, toys, persons, other pets? \_\_\_\_\_  
 If yes, Please give details \_\_\_\_\_
2. Do current pets go to doggie park, doggy daycare, play with dogs of family members or neighbors? \_\_\_\_\_  
 Which \_\_\_\_\_ Give details \_\_\_\_\_
3. Any chickens, cows, horses, pigs, sheep, cats, small indoor or outdoor animals on your property? \_\_\_\_\_
4. If Yes, List and Give Details \_\_\_\_\_
5. Do neighbors have dogs or any of animals listed above? \_\_\_\_\_
6. How did you hear about our Rescue group? \_\_\_\_\_
7. When will you be ready to adopt this dog? \_\_\_\_\_
8. If you Became Unavailable due to a Work or personal Emergency or had to travel without pet, who would care for your new pet?
  - A. Pet Care-giver Name: \_\_\_\_\_
  - B. is this a petsitter \_\_\_ boarding facility \_\_\_ friend \_\_\_\_\_ other \_\_\_\_\_ (explain other) \_\_\_\_\_
  - C. Full Address \_\_\_\_\_
  - D. Cell Phone (\_\_\_\_)\_\_\_\_\_. Business (\_\_\_\_)\_\_\_\_\_
  - E. Home (\_\_\_\_)\_\_\_\_\_ e-mail \_\_\_\_\_
  - F. Are You an Existing Client? \_\_\_\_\_
  - G. How Did you Discover them? \_\_\_\_\_
  - H. Dates of prior service \_\_\_\_\_
  - I. Do you mind if we call them for a reference? \_\_\_\_\_
  - J. Name of responsible billing party on account \_\_\_\_\_
9. Have you applied to adopt through any other rescue or entity \_\_\_\_\_
  - A. If yes, full name of organization \_\_\_\_\_
  - B. Address \_\_\_\_\_ Date applied \_\_\_\_\_
  - C. Have you heard from them since submitting your application? \_\_\_\_\_
  - D. Did you have a home visit? \_\_\_\_\_ meet & greet? \_\_\_\_\_
  - E. Are Home Visit or Meet-Greet scheduled? \_\_\_\_\_ if yes, date \_\_\_\_\_
  - F. What is the status of your application with them? \_\_\_\_\_
10. **Have you or co-applicant ever worked for a veterinarian, dog Shelter, Rescue?** \_\_\_\_\_
11. **Current Veterinarian**
  - A. Veterinarian Name \_\_\_\_\_
  - B. Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
  - C. Veterinarian Phone Number (\_\_\_\_)\_\_\_\_\_

D. Person's Name on Account as Responsible for Paying bills \_\_\_\_\_

E. When did this become your vet \_\_\_\_\_ date last seen \_\_\_\_\_

**11. Prior Veterinarian for pets that have past away or you no longer own:**

A. Veterinarian Name \_\_\_\_\_

B. Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

C. Veterinarian Phone Number (\_\_\_\_) \_\_\_\_\_

D. Person's Name on Account as Responsible for Paying bills \_\_\_\_\_

E. When did this become your vet \_\_\_\_\_ date last seen \_\_\_\_\_

**IMPORTANT:** 📞 Call your vet NOW and give permission to speak to our volunteer reference checker, NOTE: if vet refuses to speak with us because you did not call in advance & give permission we void application

**12. Professional Pet Care Giver REFERENCES from Current or Prior Pets**

(le: groomer, trainer, pet-sitter, boarding, Dog Day Care etc)

Business Name \_\_\_\_\_

Care giver's Name \_\_\_\_\_

Business address \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Dates utilized \_\_\_\_\_

Type of pet services provided \_\_\_\_\_

**13. Professional pet care giver Reference #2:**

Business Name \_\_\_\_\_

Care giver's Name \_\_\_\_\_

Business address \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Dates utilized \_\_\_\_\_

Type of pet services provided \_\_\_\_\_

**14. 2 Personal or business references- NOT RELATIVES- application will not be approved if this is left blank —> Do NOT list your veterinarian, family members, nor anyone who lives in your home**

**Personal or business reference:**

Full Name \_\_\_\_\_ How aquatinted \_\_\_\_\_

Their address \_\_\_\_\_ Phone numbers (\_\_\_\_) \_\_\_\_\_

Date you met \_\_\_\_\_

Full Name \_\_\_\_\_ How aquatinted \_\_\_\_\_

Their address \_\_\_\_\_ Phone numbers (\_\_\_\_) \_\_\_\_\_

Date you met \_\_\_\_\_

**More about your household:**

1. Do You Plan on Moving in next 1-5 years? \_\_\_\_\_

If Yes approximate date \_\_\_\_\_ to what city/state? \_\_\_\_\_

2. Is anyone in your home allergic to dogs? \_\_\_\_\_ whom? \_\_\_\_\_

3. Does anyone in your home fear dogs? \_\_\_\_\_ whom? \_\_\_\_\_

4. Has anyone that lives in your home ever been bitten by a dog? \_\_\_\_\_

If yes, who was bitten \_\_\_\_\_ circumstances \_\_\_\_\_ When \_\_\_\_\_

5. Does anyone in your home smoke cigarettes? \_\_\_\_\_

6. What Brand of food do you plan on feeding dog and how often ? \_\_\_\_\_ Cans or Kibble \_\_\_\_\_

7. Have you ever crate trained a dog? \_\_\_\_\_ If Yes, describe method used \_\_\_\_\_

8. Do you own a right sized dog crate? \_\_\_\_\_

9. If no crate are you willing and able to buy one prior to meet and greet/adoption day? \_\_\_\_\_
10. Where will crate be located \_\_\_\_\_ when would dog be using it \_\_\_\_\_
11. Some dogs are very strong, can jump up on people, and can be unpredictable at times, because we want everyone safe, tell us Is anyone in the home uses oxygen, cane, walker or wheelchair, or if they sometimes have problems with balance or walking independently? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
Please give details \_\_\_\_\_
12. Does your city, landlord, Lease or HOA have any dog breed, size, weight or other restrictions \_\_\_\_\_
13. List your City, landlord, COA, HOA's dog rules and restrictions \_\_\_\_\_
14. Name of your local Animal Control Officer \_\_\_\_\_  
phone (\_\_\_\_\_) \_\_\_\_\_
15. Did you and your co-applicant have dogs growing up? \_\_\_\_\_
16. How many dogs have you owned as an adult? \_\_\_\_\_
17. Please give dog breeds & details of your experience with dogs \_\_\_\_\_
18. Have you owned a dog as an adult? \_\_\_\_\_ what kind/s \_\_\_\_\_
19. Have you ever had to put a dog to sleep? \_\_\_\_\_ Reason \_\_\_\_\_
20. Have you ever given a dog away, rehomed or sold a dog? \_\_\_\_\_ Reason \_\_\_\_\_
21. Why do you want want a dog now? \_\_\_\_\_
22. How do you know you're ready to adopt a dog now? \_\_\_\_\_
23. Who will be the adopted dog's primary care giver? \_\_\_\_\_
24. Will your child help care for new dog? \_\_\_\_\_ Give examples \_\_\_\_\_
- Type of current home **CIRCLE**: Single Family Home | Duplex/Twin | Condo/Town-home  
Mobile Home | Apartment | basement apartment|
- Do you rent or own? **CIRCLE** Rent | Own |. Rent to own written agreement |
- Name on lease, deed or mortgage \_\_\_\_\_ relationship to you \_\_\_\_\_
- Date you moved in \_\_\_\_\_
- Date current lease expires \_\_\_\_\_

### **About your residence**

1. Is there a pool, pond, Lake, Brook, Creek on or adjacent to your property? \_\_\_\_\_
2. Is there another dog living on property adjacent to your property? \_\_\_\_\_
3. Approximate square footage of your home \_\_\_\_\_
4. Do you have a yard? \_\_\_\_\_ Yard Size / square footage \_\_\_\_\_
5. Is Yard, fenced \_\_\_\_\_
6. If Yes, Fence type (chain link, electric, stockade, picket etc) \_\_\_\_\_
7. Size fence L x W x H \_\_\_\_\_
8. If You have a yard but no fence do you plan to use a chain to contain dog? \_\_\_\_\_
9. If no fenced yard how do you plan on exercising and toileting the dog? \_\_\_\_\_
10. List situations where it be OK to have dog outside without leash or fence? \_\_\_\_\_
11. Do you work outside the home? \_\_\_\_\_ M-F Work Schedule \_\_\_\_\_ Sat-Sun \_\_\_\_\_
12. How many hours per day will this dog be alone? \_\_\_\_\_
13. Where will dog be kept when left alone \_\_\_\_\_
14. Have you discussed this adoption with all members of your household? **CIRCLE** Yes | No | keeping it secret I pet is a gift or surprise.
15. How long have you been looking for a dog to adopt? \_\_\_\_\_

16. What kind of searching or applying have you done? \_\_\_\_\_
17. What kind of searches have you done i.e. craigslist, visits to shelter etc \_\_\_\_\_
18. Based on the description in the dog's bio, do you feel pretty confident that you will be likely to adopt this dog upon meeting it? \_\_\_\_\_
19. Upon meeting the dog, what would give you cause to not want to adopt it? \_\_\_\_\_  
Please explain \_\_\_\_\_
20. If approved to adopt, under what circumstances would you no longer keep dog? \_\_\_\_\_
21. What would your dream dog be like? \_\_\_\_\_
22. How much can you reasonably afford and be willing to spend on dog per Month for dog-food, licensing, ID tag, collar, food, toys, crate, bed, treats, obedience classes, pet sitting, etc? \$ \_\_\_\_\_
23. Amount of your monthly Budget allocated to Serious Injury or Medical Condition \$ \_\_\_\_\_
24. Have you considered dog medical insurance? \_\_\_\_\_
25. If find you no longer want dog after adoption what will you do with dog? \_\_\_\_\_
26. What would you do if after adoption if you could no longer take care of dog? \_\_\_\_\_
27. What activity/energy level do you prefer? \_\_\_\_\_ or Circle: Wild and crazy is cool, Leash trained daily jogging partner would be excellent, Medium energy, plays a bit then hangs out with you, Low energy, walks slowly on leash, a total couch potato.
28. want to adopt this dog: / CIRCLE ANSWERS As a family pet, to breed with my dog, To train/use for hunting, To train/use for agility, as a friend for existing pets, To train/use as a therapy dog, to train as assistance dog for the disabled, as a guard dog, hunting dog, To interact with lots of friends/family, As a companion for myself, As a companion for my child/children, as a jogging/hiking partner, As a gift for: a friend, partner, or family member, As a companion for my cat(s), to teach children responsibility, - if other, Give Details \_\_\_\_\_
29. Have you ever sold a pet, given a pet away or surrendered a pet to a rescue or shelter ? \_\_\_\_\_
30. If Yes, What were circumstances? \_\_\_\_\_ Approximate date? \_\_\_\_\_

31. **My adopted dog will... CIRCLE or put 'X' in front of all that apply:**

- |  |   |   |
|--|---|---|
| Be kept outside most of the time                         | Use runner cable in yard kept in house while we are not home          | agility classes   |
| Be kept indoors most of the time                         | kept in yard when we are not home                                     | Taken on frequent car rides                             |
| Be left outside during the work day or while we are away | interacting mostly with adults  | Be boarded when we go on vacation                       |
| Use doggy door   | interacting frequently with children under 10 years old               | Stay with family when we go on vacation                 |
| Be crated inside home when we are not home               | Interact frequently with older children                               | Go with us on vacation                                  |
| Have free run of the house when we are out.              | Must be housebroken after adoption                                    | Be Sold or given away if we feel it's not a good match  |
| Be kept in a bed room when we are not home               | must be housebroken prior to adoption                                 | Be turned in to a shelter if we can't keep camp or hike |
| Be kept in Garage or outbuilding when we are not home    | We will house train or give refresher potty training lesson if needed | Go on boat trips  |
| Be taken to formal obedience classes                     | Taken to trainer if their are issues                                  | Kept outside with a dog house in a fenced area          |
| Be trained by me   | Will be walked daily  | Be outside chained/ tethered to a dog house             |
| See Vet Annually   | Will be walked weekends   | free roaming on the property (un-fenced)                |
| See E.R. Vet If Dog seems Suddenly Sick or Injured       | walked occasionally   | Ride on golf cart with us                               |
| Take frequent car rides                                  | Jogging partner   | Go Swimming with us                                     |
|  | Group obedience class   | list other activities _____                             |

**32. CIRCLE or put X next to whatever you are not willing to deal with now or at any time during dog's life:**

Housebreaking	Aggression with other dogs	Incontinence / Leaking Urine
Jumping	Whining	stressed on car trips
Counter surfing	Crying	Gets carsick
Fear of men	Blindness	Can't climb stairs
Fear of children	Deafness	Heart condition
Chewing	Diabetes	Skin allergies
Pulling on leash during walks	Cancer	Food allergies
Obedience training	DCM	Trimming nails
Fear of women	Long Term Medication	Skin sensitivities
Mouthiness in play	Needs obedience class	Ear infections
Growling	Doesn't know how to climb stairs	Ear mites
Barking	Counter surfing	Fleas Ticks
Plays rough with my dog	Limited Sight	Heartworm
High activity level	Separation Anxiety	
Food/toy aggression	Special Diet	

1. **What will you do if any of the above occur:** will do whatever it takes to help this dog, get dog the medical car needed, work with a trainer to help resolve any training needs, other \_\_\_\_\_

2. What would cause you to return the dog? \_\_\_\_\_

3. What do you feel is a reasonable amount of time for a dog to adjust to life with you? \_\_\_\_\_

4. How do you plan to introduce & integrate this dog to your family? \_\_\_\_\_

5. How do you plan to get dog used to your house? \_\_\_\_\_

6. What would you do if sometime in dog's life it's diagnosed with an expensive health condition? \_\_\_\_\_

7. What would you do if you discovered after adoption that dog was not completely house- broken or Didn't come when called, or had other behavior issue? \_\_\_\_\_

8. Do you have an emergency plan in case YOU are suddenly injured, ill or unable to take care of dog? \_\_\_\_\_

Describe Emergency plan \_\_\_\_\_

9. I would like Rescue to send me some information on making emergency preparations for pet. \_\_\_\_\_

10. What brand of dog food do you plan to feed? \_\_\_\_\_

11. Grooming & Care (**CIRCLE or put 'X' in front of all that apply**);

Don't care about shedding, will brush dogs teeth at least 1x week, will pay vet to clean dogs teeth when Rec'd, Prefer a dog that doesn't shed, Will brush dog's fur as rescue recommends, vet or groomer will trim nails monthly, I'll bathe dog at home once a month, bathe our dog twice a year, I will clean ears every 2 weeks, I'd like rescue to give me instructions on how to clean ears, clip nails, brush teeth, I'll check ears weekly for infections, ear mites, I'll clip nails as needed, Vet or Groomer Clips toenails, I'll check dog after all walks for ticks, I'll check dog every few days for ticks, I plan on using a Flea/tick collar, will use flea/tick topical protection, I'll give heartworm prevention monthly, I would like rescue to help me understand grooming, medical and care needs of the dog i plan to adopt. I am an experienced dog owner and i do not need rescue to help me understand the grooming or care needs of the dog i plan to adopt.

12. If rescue requests, will you take dog to formal group obedience classes? \_\_\_\_\_

13. Would you attend obedience if Rescue required it as a condition of adoption? \_\_\_\_\_

14. Have you ever adopted a dog from a rescue group or shelter before? \_\_\_\_\_

If yes name of group/shelter \_\_\_\_\_ date \_\_\_\_\_ web address \_\_\_\_\_

Organization's phone \_\_\_\_\_ name of adoption coordinator \_\_\_\_\_

15. **REQUIRED** Please tell us in your own words, why you think you would make the ideal home for the dog you are applying for... \_\_\_\_\_

**Legal History:** Please answer truthfully an affirmative answer to any of these questions will NOT automatically preclude you from adopting an animal.

• Have you or your co-applicant ever been served an eviction notice or been asked to vacate a property, whether through foreclosure proceedings or otherwise? \_\_\_\_\_ (if yes give details) \_\_\_\_\_



- Has either applicant, co-applicant or any household resident ever been charged with or convicted of a violent crime against people or animals? \_\_\_\_\_ if yes, give details of charges or conviction  
\_\_\_\_\_ date \_\_\_\_\_ what city - state \_\_\_\_\_

**Application requires Hand-signatures.** forms submitted with typed signatures will not be processed.

\_\_\_\_\_. Today's Date \_\_\_\_\_  
Applicant's Hand Signature Required (typing your name or leaving blank will nullify application)

\_\_\_\_\_. Today's Date \_\_\_\_\_  
Co-Applicant's Hand Signature Required (typing your name or leaving this area blank will nullify application)

IMPORTANT - Look over form before submitting, make sure all areas are completed, be sure you hand sign and send to us as a PDF file along with a PDF showing proof of homeownership such as a current city Water Bill, cover page of homeowners insurance, or current Property Tax Bill or if leasing you must send current Lease. and landlord Pet contract. REMINDER, CALL VET NOW AND GIVE OK to talk to us. .

We are a 501c3 and depend solely donations from individuals like yourself to keep going, We receive zero funding from the state, county or municipal government, *nor* do we receive any funding from HSUS, ASPCA or other Humane association. We suggest making a good will submission donation if you are able. Every dollar donated goes to the dogs since we are all volunteers. You can Send your good-will application Donation here [PayPal.com/BoxerRescueVT](https://PayPal.com/BoxerRescueVT) (\$30. Suggested minimum). If you prefer to donate by check please make your check payable to Canine Protection League PO Box 1693, Wilmington, VT 05363-1693

IMPORTANT REMINDER: for your application to be considered you MustSimultaneously submit a PDF verifying the following:current lease with Pet Policy if you rent -OR- if you own your home submit PROOF of HOME-OWNERSHIP; Acceptable proof of homeownership would be a PDF copy of current property tax bill, a cover page of current home insurance policy, or recent city sewer or water bill.

Please, Dogs at risk are Begging You please donate today. Your generous good will donation submitted with your application will help us continue our rescue operations, *the Suggested minimum donation is \$30.*  
[PayPal.me/BoxerRescueVT](https://PayPal.me/BoxerRescueVT)

Remember; We are run by part-time volunteers, who work, have homes, kids, jobs and usually a house full of foster dogs too! lol... Keep in mind, We DO NOT adopt first come first serve, because not every match is made in heaven, Filling out this form doesn't guarantee you will be approved to adopt a dog from us. Our priority is the long-term health and happiness of each unique dog and their adoptive family. We reserve the right to pause, stop or decline adoption at any point without explanation.

ADVISEMENT: please understand that since the pandemic broke out we are very short-handed here so rescuing, caring for dogs and rescue emergencies takes precedent over adoption approvals. However we believe our dogs are worth waiting for. We take much care to "fail-proof" our dogs and our chosen adopters because we want a bright future for all involved.

What's Next? Please give ample time for us to verify your application, call your vet, references, check your residence and local ordinances, then if all looks good we will setup a volunteer to go out to your home to meet with you and your family, see where our dog might live and go over any questions. THEN, If your 'home visit' goes well, then a Doggy Meet-Greet is setup where you and your family come to southern VT to meet your potential new family member (Saturday Mornings only). IF at your Meet-Greet all parties deem you a good fit, your adoption can take place right then with signing of adoption agreement and full cash payment of adoption fee. We are here for the life of our dogs, and we ask you to stay in touch, send photos and updates, ask questions etc. We are not just adopting out dogs we are increasing OUR family too! Thank you for taking the time to apply to adopt your newest family member from Canine Protection League dba Boxer Rescue of Vermont.