

Rescue Application

E-mail: friendsofgibsoncountyanimals@yahoo.com

Adoption Application Packet-Dog & Puppy

Thank you for your interest in adopting a canine. Kindly fill out this questionnaire so we will be able to properly assist you in your adoption. **Incomplete applications will not be processed.**

Applicant's Name(s):	
E-mail Address:	
Preferred Phone Number:	
Dog/Puppy Interested in:	

(Please proceed to the next page →)

DO NOT WRITE BELOW - For Office Use Only

Date Received:	
How Received:	<input type="checkbox"/> Mail <input type="checkbox"/> Dropped Off <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Phone
Staff Person Checking Application:	
Vet Reference:	
1 st Personal Reference:	
2 nd Personal Reference:	
3 rd Personal Reference:	
Home check done by:	
Home check info:	
Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Reason Not Approved:	
Date	Signature of Staff Member

Adoption Questionnaire – Dog & Puppy

Please Print

Name:		Age:	
Street:			
City:		State:	Zip:
Home Phone:		Hours:	
Work Phone:	() -	Hours:	
Cell Phone:		Hours:	
Driver's License:	Please do not list	State:	

Home Situation:

<p>1. What kind of residence do you live in? <input type="checkbox"/>Apartment <input type="checkbox"/>Condominium <input type="checkbox"/>Multi-Family Home Single Family Home <input type="checkbox"/>Other – explain:</p>			
<p>2. If you do not own your residence, please provide the <u>name</u> and <u>phone number</u> of your landlord.</p>			
Name:		Phone:	() -
<p>How many adults live in your household</p>			
<p>3. (ages)?</p>			
<p>4. Are there any children in the household? Yes <input type="checkbox"/> No If yes, please give details as to age(s) activity level(s) pet experience, etc.</p>			
<p>5. What are you NOT looking for in a dog, such as breed, disposition, temperament, or behavior? Please list anything that you do not feel comfortable dealing with (such as food/toy protection, animal aggression, unsocialized dogs, dog needing obedience training, etc.):</p>			
<p>6. What is the activity level in your home?</p> <p><input type="checkbox"/> Busy-visits by friends, meetings, children, parties at home.</p> <p><input type="checkbox"/> Noisy-Television, stereo, machinery, tools, kids playing. Moderate-normal comings and goings.</p> <p><input type="checkbox"/> Quiet-“homebodies”, few guests, no children.</p>			

7. Do you have any pets now? Yes No

If yes, please give details such as name, breed, sex, age, spayed or neutered.

If pet is not spayed or neutered, explain why.

8. Please tell us about previous pets and what happened to them. If your pet(s) is/are deceased, please indicate the **year** in which they passed away.

9. Who would have primary responsibility for care of this dog?

10. How many hours in an average **weekday** would this dog spend alone (without humans)?

11. Please describe your work schedule and profession.

12. How will your dog be kept when let outside (Please check all that apply)? Fenced Yard

Invisible Fence Dog Run Stationary Tie-Out Loose (no fence or tie)

Dog House w/ chain/tie-out On-Leash ONLY If fenced, please describe.

13. How do you plan on exercising your dog (Please check all that apply)?

Minimal walks less than 20 minutes a day Free exercise in the yard

Visits to the dog park Rigorous walks/jogs 45 minutes or more a day

Hiking/Swimming The dog(s) can exercise themselves Other (explain):

14. **Where will the dog be kept:**

- A. during the day?
- B. at night?
- C. when you are not home?
- D. when you are on vacation?

15. Please check all that apply as to why you would like to adopt a dog?

Family companion Watch/Guard dog Hunting dog Gift
Companion for other pet(s) Breeding dog

16. Do you have any interest in pursuing any further training with your dog? If yes, please check all that apply.

Obedience Classes Agility Classes Trick Training
Search and Rescue Therapy Dog Frisbee/Fly Ball

References

1. Please give the name(s) and phone number(s) of your veterinarian(s). **If you use more than one veterinarian,** please note which pet(s) is/are seen at each one. Also, please indicate if you use Petco, TEAM, or other low-cost options for vaccinations and/or spay/neuter operations.

Name:

Phone:

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Name(s) on your account(s):

***Note:** if your account(s) may be under more than one name or a maiden name, please list all possibilities.

Name(s) of all **pets** on your account(s):

***Note:** Records are kept for five years, so please list pets that have been deceased for five years or less as well as current pets.

2. Please list two personal references:

Name:

Phone:

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Name:

Phone:

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Miscellaneous

1. Have you ever owned the breed of dog you are applying for? <input type="checkbox"/> Yes No
2. Do you plan to have your dog's/puppy's ears or tail docked? <input type="checkbox"/> Yes No <input type="checkbox"/> Maybe <u>Why or why not?</u>
3. Under what circumstances might you decide <u>NOT</u> to keep a pet? Check all that apply. <input type="checkbox"/> New Job <input type="checkbox"/> Moving <input type="checkbox"/> New baby <input type="checkbox"/> Divorce <input type="checkbox"/> Illness or allergies <input type="checkbox"/> Problems with pet's health <input type="checkbox"/> Problems with pet's behavior <input type="checkbox"/> Expensive vet bills <input type="checkbox"/> Other (please explain):
4. Are you aware that a rescued dog may not be fully housetrained at the time of placement? Yes <input type="checkbox"/> No Are you willing and able to housetrain a dog? Yes <input type="checkbox"/> No