

## **ADOPTION APPLICATION FOR**

ANIMAL RESCUE	Allillail	Manne(3).
CONTACT INFORMATION		
First Name:	La:	st Name:
Address:		
		ZIP
Primary Phone #:	Se	econdary Phone #:
Emails:		
HOUSING & FAMILY		
Ages of all people living in hou	usehold, including yo	ourself:
		the decision to adopt a dog? () Yes () No
		Active / Calm / Noisy / Quiet / Other
-		•
If other, please describe:		Housing type:
If renting, please provide land	llord's name and pho	one number:
Do you have a fenced yard? (F	Fence is not required	d for all dogs)
Do you currently have any pet	ts, or have you in the	past?
If you have pets, what are the	ir names, ages and k	breeds?
If you have pets currently, are	e they up-to-date on	vaccinations?
If you have pets, are they on h	neart worm preventa	ative? What kind?
If you have pets, have they be	en spayed/neutere	d? If not, why?
Have you ever surrendered a	pet? If so, why?	
How many hours a day will the		
Where will the dog primarily li		
If you answered both to the a	hove where will the	dog be sleeping?



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How many hours a day will they spend outside?			
Who will be the primary caretake of the dog's daily life?			
Who will have financial responsibility for this dog?			
How do you handle discipline when it comes to your pet(s)?			
What behavior will you not tolerate? What me	eans will you take to rectify it?		
REFERENCES			
1.	Dhara		
Address:	Phone:		
Relationship:			
2.			
Full Name:	_ Phone:		
Address:			
Relationship:			