

Walnut Ridge Rescue & Rehab

Dog Adoption Application

Contact Information

Full Name: _____

Occupation: _____

Address: _____

How Long at this Address: _____

Phone: _____

Email: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children
(ages)? _____

What type of home do you live in – single family, town home,
apartment, farm, etc? _____

Please describe your household: __ Active __ Noisy __ Quiet __ Average

If you rent, please give the rules governing pets and and landlord's
name and number: _____ (By

providing this information, you are allowing us to contact your landlord. Please inform them of this call so they will speak with us.)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention: _____

Other Pets

What other pets do you have (specify type and number)? _____

Are these pets up to date on vaccines: _____

Are these pets spayed and neutered? If not..why? _____

Have you ever surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident? If so, how? _____

How do you discipline your pets? And why? _____

Veterinarian

Do you have a regular veterinarian? ___Yes ___No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(By providing this information, you are allowing a verification call to your vet. Please call your vet and ask them to authorize the release of information.)

About the Dog you Wish to Adopt

Where will the dog spend the day? (describe) _____

Where will the dog spend the night? (describe) _____

Number of hours (average) the dog will spend alone? _____

Who will have primary responsibility for this dog's daily care?

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a licensed Veterinarian?

Yes No

Will the dog be an indoor dog? Yes Indoor/Outdoor dog? Yes
Outdoor Dog? Yes

Does the dog have a fenced yard for outdoor living/exercise? Yes
 No If your answer is no, do you agree to construct an adequately
sized, safe enclosure? Yes No

Do you agree to contact us if you can no longer keep this dog? Yes
 No

Are you willing to let a representative of Wrrr visit your home by
appointment? Yes No

Personal References

Please list people who are familiar with both you and your pets.

Name: _____

Address: _____

Phone: _____

Relationship to You: _____

Name: _____

Address: _____

Phone: _____

Relationship to You: _____

All of the information I have given is true and complete. This dog will reside in my home as a family member. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, safe outdoor exercise, annual physical examinations and vaccinations, to include heartworm prevention, under the supervision of a licensed Veterinarian.

Signature of Adopter

Date