

# New Beginnings Dog Rescue, Inc.

## ADOPTION APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

PHONE – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

Which dog or puppy are you interested in adopting? \_\_\_\_\_

How long have you been looking for a new pet? \_\_\_\_\_

Why do you want this pet?  Companion  Protection  Hunting Dog  Gift  
 Other \_\_\_\_\_

What was it about this pet that made you select it? \_\_\_\_\_

Have you ever adopted a pet from any other rescue organization or shelter?  Yes  No  
If yes, which organization? \_\_\_\_\_

Have you ever been **denied** pet adoption by a pet rescue organization?  Yes  No  
If yes, which organization? \_\_\_\_\_ Reason: \_\_\_\_\_

Do you currently have any pets?  Yes  No If yes, please list **all** pets.

| Name | Type/Breed | Kept Where | Age | Neutered   | Sex   |
|------|------------|------------|-----|--|---|
|      |            |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M <input type="checkbox"/> F |
|      |            |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M <input type="checkbox"/> F |
|      |            |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M <input type="checkbox"/> F |
|      |            |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M <input type="checkbox"/> F |

Are your pets current on shots?  Yes  No If not, reason: \_\_\_\_\_

What monthly heartworm preventative & flea/tick preventative do you use? (**Please list for current & past pets**) \_\_\_\_\_

Have you had pets in the past?  Yes  No If yes, where are they now?

| Name | Type/Breed | Age | Sex   | Where are they now |
|------|------------|-----|---|--------------------|
|      |            |     | <input type="checkbox"/> M <input type="checkbox"/> F |                    |
|      |            |     | <input type="checkbox"/> M <input type="checkbox"/> F |                    |
|      |            |     | <input type="checkbox"/> M <input type="checkbox"/> F |                    |

Have you ever given away a pet?  Yes  No If yes, why? \_\_\_\_\_

Please list the name & phone number of **all** veterinarians you have used with your current /past pets:

Vet's Name or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Pet: \_\_\_\_\_

Vet's Name or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Pet: \_\_\_\_\_

Vet's Name or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Pet: \_\_\_\_\_

Do you currently live in a  house  duplex  apartment  condo  trailer  w/your parents  
 Other \_\_\_\_\_?

Do you  Own or  Rent? If you rent, please list landlord's name and phone number. \_\_\_\_\_

How many people live in the house? # of Adults \_\_\_\_\_ Ages: \_\_\_\_\_ # of Children \_\_\_\_\_ Ages: \_\_\_\_\_  
Are there are any other children that regularly visit the home?  Yes  No Ages: \_\_\_\_\_  
Frequency? \_\_\_\_\_ Length of stay: \_\_\_\_\_

Do you have a completely fenced in yard?  Yes  No  
If so, how tall is your fence:  4ft  6ft  other \_\_\_\_\_  
What kind of fence is it?  chain link  wood  wrought iron  invisible  other \_\_\_\_\_

Is someone home during the day to teach a puppy housetraining, etc?  Yes  No  
If not, how do you plan to housebreak the puppy? \_\_\_\_\_

How many hours per day will the dog or puppy be left alone without human companionship? \_\_\_\_\_

When you are away from home each day, where do you plan to keep the dog or puppy?  
 Kennel/crate  kitchen/laundry room  backyard  dog pen in backyard  
 Other \_\_\_\_\_

How many hours per day will the dog or puppy be left alone without a potty break? \_\_\_\_\_

When you are away from home each day, where do you plan to keep the puppy once he or she is housebroken?  
 Kennel/crate  kitchen/laundry room  backyard  dog pen in backyard  free reign in house  
 Other \_\_\_\_\_

Until housebroken where will the puppy sleep at night?  
 Kennel/crate  kitchen/laundry room  backyard  dog pen in backyard  
 Other \_\_\_\_\_

Once housebroken, where will the puppy sleep at night?  
 Kennel/crate  kitchen/laundry room  backyard  dog pen in backyard  free reign in house  
 Other \_\_\_\_\_

Is your current dog \_\_\_\_\_ mostly indoor  equally both indoor & outdoor  mostly outdoor  
 Other \_\_\_\_\_?

Will the dog you are interested in adopting be  mostly indoor  equally both indoor & outdoor  
 mostly outdoor  Other \_\_\_\_\_?

Are you willing to take your dog or puppy to obedience classes?  Yes  No  Other \_\_\_\_\_

Is anyone in your family allergic to dogs?  Yes  No

If you move in the future, what will you do with your pets? \_\_\_\_\_

*By signing my name below, I certify that the information I have given is true. I understand that New Beginnings Dog Rescue can refuse an adoption for any reason. I authorize New Beginnings Dog Rescue Inc. to investigate all statements made on this application.*

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: