A PLACE FOR ALL ANIMAL RESCUE, INC

Coatesville, PA

Web Site: [www.aplaceforall.org](http://www.aplaceforall.org/) E-mail: aplaceforallrescue@yahoo.com

CANINE ADOPTION APPLICATION

**(You must be 21 years of age or older to fill out this form)**

***We appreciate your taking the time to complete our application. We are an all-volunteer organization and it sometimes takes a few days to complete processing an application. (Note: It is very important that you answer all questions on the application. This information helps us in deciding whether you are the best match for the dog. Failure to provide complete information could lead to the application being rejected.)*** 

Name of Dog being applied for:       APFAAR#:

**PERSONAL INFORMATION**

**Applicant’s Name:**
Telephone (Home):       Email Address:
Home Address, City, State, Zip:
Length of time at address:
If less then 1 year, previous address:
Employer’s name and address:
Work phone number:
**Co-Applicant’s Name:**
Employer’s name and address:
Work phone number:

**HOUSING SITUATION**

Do you live in a: House Townhouse/Condo Apartment Other
Do you rent or own? Rent Own
Landlord Name:       Landlord Phone:
*(We must contact you landlord if you are renting for approval)*
What size is your yard (acres)?       Is your yard fenced in? Yes No
Type of Fence: Privacy Post & Rail Chain Link  Invisible Other (explain)
Height of Fence:
If not, are you willing to fence? Yes No
If not, are you willing to leash walk at all times? Yes No
Will the dog that you are adopting reside at this address? Yes No
Is the dog for you or a gift for someone else? Self Gift
Do you have experience with this breed of dog? Yes No
Are there any laws that prohibit the number of animals that may reside at this address? Yes No
If yes, what is the limit?

**FAMILY**

How many adults live in your home?
Are all adults living in your home in agreement to this family addition? Yes No
How many children live in your home?       Ages of children?
If you have no children will the dog be in contact with other children? Yes No
Please explain:
Have you/anyone in your household ever been convicted of animal abuse or neglect? Yes No
If yes, please tell us more about the incident.
Does anyone in your home have allergies to animals? Yes No
Does anyone in your home asthma? Yes No
Does anyone in your home have a disability or special needs we should know about? Yes No Other Concerns/thoughts you would like us to know:

**LIFESTYLE**

Is your lifestyle active? Yes No Do you enjoy outdoor activities?  Yes No
Are you a more quiet family, enjoying indoor activities?  Yes No
Is it required that you travel for work? Yes No
If yes, who will care for your dog while you are away?
Can they handle the animal you want to adopt? Yes No
Where will the pet be housed during the day?
Where will the pet stay during the night/sleep?
Where will the pet stay when home alone?
Where will the pet stay during vacations?
How many hours will the pet be without human companionship each day?

**ANIMAL CARE / TRAINING AND EXERCISE**

Who will be the primary caregiver?
What will you do with the animal if you move?
Are you willing and able to provide pet care for the next ten or more years, including vet checks, vaccinations, boarding, medical care, indoor housing, etc? Yes No
Please estimate the amount you think it will cost yearly for the following:
 - Food (premium food), Grooming, Vet Care (this includes shots, heartworm, flea and tick preventative) and
 extras such as toys and boarding? $     .
What type/brand of food have you used?
What type/brand of food do you intend to use?
Do you have (check those that apply):  Pet Door Kennel Run Dog House Tie-out Stake Crate
What circumstances, in your opinion, justify not keeping of a pet?
Why do you want to adopt a rescue dog?
Why this specific dog?
How do you plan to exercise your dog?
Who will supervise outdoor activities?
How will the dog be confined outdoors during exercise?
Have you ever trained a dog? Yes No Have you ever crate-trained a dog?  Yes No
Have you attended obedience classes with a previous dog?  Yes No
Will you take the dog to obedience classes? Yes No
Some pets may take 30 days or longer to adjust. During this time there can be behavior problems that are based on fear or confusion. It takes time for you to learn your new pet’s signals and for him to learn your routines.
Are you willing to give this pet time to adjust to its new environment/family members?  Yes No
This animal may not be housebroken. Are you willing to work with the animal? Yes No
How would you handle an accident in the house?
What are your feelings regarding pets on furniture?

**PET HISTORY**

Please list all pets you have owned in the past 10 years. If none, then include pets owned in your childhood. Include any pets that might be residing in your home but you do not own. If more room is needed please include an additional sheet containing COMPLETE list.

**PET 1**:
Name of Pet:       Breed:
Age:       Gender:       Spay/Neut: Yes No
Is/was the pet up-to-date on vaccinations? Yes No
If dog, is/was the pet tested for heartworms? Yes No
If dog, is/was the pet on heartworm preventative? Yes No
Is/was the pet on flea and tick preventative? Yes No
If cat, is/was the pet declawed? Yes No
How long have/did you own the pet?
When was last vet visit?
If deceased, how old was the pet when he/she died & cause of death:

**PET 2**:
Name of Pet:       Breed:
Age:       Gender:       Spay/Neut: Yes No
Is/was the pet up-to-date on vaccinations? Yes No
If dog, has/was the pet tested for heartworms? Yes No
If dog, is/was the pet on heartworm preventative? Yes No
Is/was the pet on flea and tick preventative? Yes No
If cat, is/was the pet declawed? Yes No
How long have/did you own the pet?
When was last vet visit?
If deceased, how old was the pet when he/she died & cause of death:

**PET 3**:
Name of Pet:       Breed:
Age:       Gender:       Spay/Neut: Yes No
Is/was the pet up-to-date on vaccinations? Yes No
If dog, is/was the pet tested for heartworms? Yes No
If dog, is/was the pet on heartworm preventative? Yes No
If dog, is/was the pet on flea and tick preventative? Yes No
If cat, is/was the pet declawed? Yes No
How long have/did you own the pet?
When was last vet visit?
If deceased, how old was the pet when he/she died & cause of death:

**VETERINARY INFORMATION**

Please provide name address and phone number for past and current veterinarians. APFAAR will contact them to verify previous and current pets are altered and kept up to date on all vetting. If you do not have an existing vet, please list the Intended Vet you will use

Vet #1 Name:       Phone:
Address, City, State & Zip:
Pets treated:

Vet #2 Name:       Phone:
Address, City, State & Zip:
Pets treated:

Intended Vet Name:       Phone:
Address, City, State & Zip:

**PERSONAL REFERENCES**

If you are unable to provide current or past Veterinary information, please provide us with 2 personal references. These may include friends, neighbors, coworkers, breeders, trainers, etc.

#1 Name:       Phone:       Relationship:

#2 Name:       Phone:       Relationship:

**UNEXPECTED PAST SITUATIONS**

We ask this information only to gain an understanding of your pet history. We understand that there are often very good reasons for pet situations to change.
Have you /anyone in your home ever lost a pet? Yes No
If yes, please provide details:
Have you/anyone in your home had a pet die prematurely? Yes No
*(dogs dying before 10 or cats before 14 years of age)*
If yes, please provide details:
Have you/anyone in your home ever sold, given away or surrendered a pet? Yes No
If yes, please provide details:

**AGREEMENTS/MISCELLANEOUS**

There is a non-refundable adoption donation of $350.00/dog, $400.00/puppy, is this acceptable? Yes No
All animals adopted from us must be spayed or neutered, is this acceptable to you?  Yes No
All animals are micro chipped and A Place For All Animal Rescue must remain as the second contact, is this acceptable to you? Yes No
Are you agreeable to signing an adoption contract for the adoption of this dog?  Yes No
We require a home visit to complete the application process. Are you willing to comply? Yes No
How did you hear about us/Who referred you?
Have you applied to any other rescue groups? Yes No Which?

**By submitting this application, I agree that:**

1. If I am approved for adoption and I can not keep the adopted dog for any reason it will be returned to A Place For All Animal Rescue immediately.

2. I am authorizing, through submission of this form, the Veterinarian(s) named above to release any information and records concerning past or present care of animals to A Place For All Animal Rescue. I agree to hold harmless and indemnify said Veterinarian(s) for providing such information.

3. I certify that I am at least 21 years of age and have read this application in its entirety and have answered all questions honestly and to the best of my ability. I understand that any misrepresentations of fact may result in removal of the adopted pet from my home.

 **Agree Disagree**

Name(s) of Applicant(s):       Date:

A representative from APFAAR will contact you to discuss your application and the needs of the dog you wish to adopt. This is an informal conversation and a great time for you to ask any questions or voice any concerns about the adjustment period, or the needs of the dog. The representative will help you throughout the adoption process with planning the best way to introduce the dog to the new environment and with resolving any issues that come up after the adoption. APFAAR supports our adoptions for the life of the animal.

*Rev 01/01/15 saz*