



[WWW.FORTHELOVEOFFPAWSRI.ORG](http://WWW.FORTHELOVEOFFPAWSRI.ORG)  
INFO@FORTHELOVEOFFPAWSRI.ORG  
401-316-4865

### **Adoption & Foster Application**

Today's Date: \_\_\_\_\_

Animal of Interest: \_\_\_\_\_

### **ABOUT YOU**

1. YOUR Name: \_\_\_\_\_

2. YOUR Age: \_\_\_\_\_

3. Home Street address

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

4. Email addresses: \_\_\_\_\_

6. Telephone numbers \_\_\_\_\_

7. Occupation: \_\_\_\_\_

8. Employer: \_\_\_\_\_

9. Driver license or other permanent ID number: State Issued & Number

\_\_\_\_\_

10. Please list **two** personal references that we may contact:

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

## ABOUT YOUR HOME

11. How many TOTAL OTHER PEOPLE live in your household?

Please list their names, ages and relationship to you:

1.
2.
3.
4.
5.

12. Is everyone in the household in favor of adopting or fostering a dog? YES NO

13. Does anyone in the household have pet allergies? YES NO

14. Describe your home House Condo Apartment Other

**Are you:** Owner Renter Sub-let HOA member Co-op member Other

Front door opens to street Front door opens into courtyard or entryway

No Yard Unfenced Yard Partly Fenced Yard Completely fenced yard

**FOR CONDO:** Do HOA rules allow pets? Any breed/size restrictions?

**FOR RENTALS:** \*\*\*Please attach Landlord's written permission or applicable rental agreement page(s).

15. Describe your yard: Small Medium Large Size Front: \_ feet by \_ feet

**Surface** (grass, stone, etc.)

\_\_\_\_\_

**Height of fence**      feet - made of? wood chain link brick other

**Number of Gates** \_\_\_\_\_

have locks? YES NO

Gates open on street-side? YES NO.

12. Who has access to your yard, besides you (for example, gardener, pool cleaner, children, utility, roommates, people in other units, other dogs, other pets?)

13. Does your city or county have any breed restrictions? YES NO

Please specify: \_\_\_\_\_

**ABOUT YOUR EXPERIENCE WITH DOG(S)**

**If you currently have a dog:**

14. How did you come to have the dog

\_\_\_\_\_

15. How old was the dog when you first met? \_\_\_\_\_

How old is the dog now? \_\_\_\_\_

16. How many **TOTAL OTHER PETS** live in your household? \_\_\_\_\_

For OTHER PETS, please answer the following for each pet:

Name Gender \_\_\_\_\_

Breed-description \_\_\_\_\_

Age Weight \_\_\_\_\_

Neutered YES NO

Name Gender \_\_\_\_\_

Breed-description \_\_\_\_\_

Age Weight \_\_\_\_\_

Neutered YES NO

Name Gender \_\_\_\_\_

Breed-description \_\_\_\_\_

Age Weight \_\_\_\_\_

Neutered YES NO

17. How would you describe your level of experience with dogs?

Never had a dog Childhood pet Had one or more dogs as an adult

Experience with dogs less than 30 lbs 30-60 lbs 60+ lbs

**Experience with specific breeds**

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Dog-related business or profession

18. Foster or rescue experience – Name of organization

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**GENERAL QUESTIONS (please answer all)**

19. How long have you been thinking about adopting or fostering a dog?

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20. What are your primary reasons for wanting to adopt or foster a dog?

Security Companionship For the children As a gift for someone Friend for current pet Other

21. When was the last time you had a dog?

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22. What breed was your dog? \_\_\_\_\_

23. Was he/she spayed or neutered? YES NO

24. What happened to the dog? \_\_\_\_\_

25. Have you ever had an animal that required a major surgery for an injury or illness?  
YES NO If yes, please explain:

**PLANNING A PROSPECTIVE ADOPTION OR FOSTER CARE EXPERIENCE (please answer all)**

26. When you go on vacation, who will care for this dog

\_\_\_\_\_

27. What kind of dog food will you feed this dog?

\_\_\_\_\_

28. Do you have a regular Veterinarian? YES NO

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

Animal Hospital (local) Name:

\_\_\_\_\_

29. Who will groom and bathe this dog?

\_\_\_\_\_

30. What will you use for flea control?

\_\_\_\_\_

31. Would this dog wear a collar? YES NO Sometimes-WHEN?

\_\_\_\_\_

32. Would your dog walk off leash? YES NO Sometimes-WHEN?

\_\_\_\_\_

33. What would happen to this dog if you had to move?

\_\_\_\_\_

34. What is the longest this dog would be left alone each day?

\_\_\_\_\_

35. Where will this dog spend its days? (inside, outside, etc.) \_\_\_\_\_

36. Where will this dog sleep? \_\_\_\_\_

37. Who will be ultimately responsible for this dog?

\_\_\_\_\_

38. If you have children, please describe their previous experience with dogs:

\_\_\_\_\_

39. How will this dog get exercise?

\_\_\_\_\_

40. How will you discipline this dog?

\_\_\_\_\_

41. Will you plan to obedience train the dog?

YES  NO  Obedience classes  1-to-1 Training  Videos/Books  Seek help if problem arises  Other

**FOSTER AND ADOPTED DOGS – WONDERFUL BUT LESS THAN PERFECT (please answer all)**

42. **WHAT WOULD CAUSE YOU TO REACH YOUR LIMIT OR WANT TO RETURN THIS DOG?**

**CHECK ALL THAT APPLY:**

- Hair on your furniture/Shedding
- Stains on rugs
- Animal on the bed
- Illness
- Humping
- Aggression towards other dogs
- Barking too much
- Shy with people
- Biting
- Escaping

- Other pets don't like the dog
- Jumping up
- Poor watchdog
- Worms
- Digging
- House-training challenges
- Growling at guests
- Needs grooming
- Chewing
- Vet Bills
- Not a good dog park dog
- Shy with dogs
- Food allergies
- Fleas
- Ticks
- Aggressive on leash
- Carsickness
- Allergies
- Marriage
- Divorce
- Doggie destruction OF WHAT \_\_\_\_\_
- Moving
- New Child
- Spouse/partner does not like dog
- My financial problems
- OTHER\_ Please Explain \_\_\_\_\_
- NOTHING.

**PLANNING FOR INVESTMENTS OF MONEY AND TIME (please answer all)**

43. Dogs require investment of time and money. Can you afford to provide medical care, grooming, proper diet, shelter and exercise for this dog?  YES  NO

LIMITS: \_\_\_\_\_

44. Are you able to make a long-term commitment to care for this dog?  YES  NO

LIMITS: \_\_\_\_\_

45. If a behavioral challenge arises, will you seek help from the trainer we recommend?

YES  NO

46. Would you consult and pay for a trainer or behaviorist if challenges develop?

YES  NO

47. How did you find out about this dog?

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**PLEASE CHECK ALL THAT APPLY. YOU ARE WELCOME TO ASK QUESTIONS!**

- I understand that paying for medical needs, spaying or neutering, routine vaccinations, and micro-chip identification systems, are necessary components of either preparing a dog for adoption, or immediate post-adoption costs that must be borne by adopters.
- I understand that food, leashes, collars, crates, transportation expenses, and other expenses, are necessary to carry out the care of dogs while in foster care.
- I understand that an adoption donation is necessary to help offset costs incurred to rescue and care for each dog.

**PLEASE INITIAL:**

**\_\_\_\_\_ I understand that this dog is to be returned to me, Wendy Perry immediately if there's a problem with keeping him. He is not to be turn over to another shelter or to another adopter. This adoption is not transferable.**

I agree to donate an amount that represents my ability to further the rescue work necessary for this and every other dog to be rescued by **Wendy Perry**. Because most animals cost more than the minimal donation to care for, Wendy Perry welcomes you to make a larger donation if you are able.

**Yes I agree to donate an amount of \$325 More than \$340 :**  
 **Other:** \_\_\_\_\_

**No, I cannot make any donation at this time, because please explain**

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**NOW COMES THE FUN PART!**

49. Please describe your dream dog. Please include any preferences regarding gender, personality type, energy level, fur, age, expectations of dog behavior, and anything else you think will help us match you with your dream dog.

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**\*\*Please include two references (Not Related):**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**\*\*Please include Veterinary Information:**

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***Please Initial:***

\_\_\_\_\_ I understand that a home check is required before any dog is approve to be placed.

***Thank you for your interest in one of our pups!***

Please email this form to  
**info@fortheloveofpawsri.org**

Review date Reviewed by (print name)

REVIEWER'S email / telephone (cell/text?)  
OUTCOME / COMMENTS / RECOMMENDATIONS: