



**NEW DESTINY DOG RESCUE**

*Adoption Application*

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

(Please ONLY type your FIRST and LAST name)

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Home: Please circle one:  Own  Rent

Members of Household (Adults): \_\_\_\_\_ Children: \_\_\_\_\_

Any family members have pet allergies? Please circle:  Yes  No

Are you interested in an inside or outside dog?

Do you have any other pets? Please circle:  Yes  No

If yes, please list and note if spayed or neutered:

Do you have a fenced yard? Please circle:  Yes  No

If yes, what type & height: \_\_\_\_\_

How many hours per day would your pet be alone? \_\_\_\_\_

Where will they be kept when alone? \_\_\_\_\_

What monthly preventatives do you give for fleas, ticks and heartworms? \_\_\_\_\_

Would you ever consider moving to a place that would not allow your pets?

Please circle:  Yes  No

Please discuss your level of experience with dogs:

Please explain why you would like to adopt a dog from New Destiny Dog Rescue:

Vet reference: \_\_\_\_\_

Vet reference phone number: \_\_\_\_\_

Personal reference (not a family member): \_\_\_\_\_

Personal reference phone number: \_\_\_\_\_

Additional information or comments you would like to share: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BY SIGNING BELOW YOU AGREE TO ALL OF THE FOLLOWING**

You give permission for a representative of NNDR to do a home visit and contact your references.

You agree that if adoption is approved that you will keep your dog current on monthly flea, tick & heartworm preventatives and up to date on vaccinations.

You agree that in the event you are unable to care for the dog it will be surrendered to NNDR. (Transferring ownership is not permitted.)

You agree that microchip registration will be completed within 2 weeks of adoption.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

NDDR rep: \_\_\_\_\_ Date: \_\_\_\_\_ Home Visit Date: \_\_\_\_\_

References Checked: yes/no Approve/Disapprove Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_