***Tailgait Transport and Rescue***

Manchester, NH

Tailgaitrescue.org

TGTTAR@gmail.com

**Adoption Application**

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**Name of Animal:**

Thank you for considering adopting an animal from Tailgait Transport and Rescue (TTR). Please complete this form to the best of your ability. The information provided will help TTR achieve its goal of finding permanent, responsible and loving homes for the animals in our care and allow us to better assist you in finding a pet suited to your needs.

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H)) City:\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Call Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Date of Birth:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ |

**To be considered for adoption you need to initial ALL applicable statements below**

**\_\_\_\_\_ I am 21 years of age or older**

**\_\_\_\_\_ I have legal photo identification showing my present address and date of birth (i.e. Driver’s License)**

**\_\_\_\_\_ I have consent of all adults living in the household**

**\_\_\_\_\_ I have my landlord’s consent for the animal to live on the property**

**\_\_\_\_\_ I understand that TTR reserves the right to verify all information submitted on this application, including, but not limited to veterinary information and landlord permission.**

**\_\_\_\_\_ I understand that TTR has full authority to approve or deny this adoption application**

**\_\_\_\_\_ I understand that I may not transfer ownership of any adopted animal from TTR to another person. If I relinquish ownership of any adopted animal from TTR, I must contact TTR immediately for instructions on returning the pet.**

|  |  |
| --- | --- |
| 1) **What type of residence do you live in now?** [ ] House [ ] Apartment [ ] Condo/Townhome  [ ] Trailer [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2) Do you [ ] Rent or [ ] Own?**  If you rent does the lease allow pets? [ ] Yes [ ] No Have you already paid a pet deposit? [ ] Yes [ ] No**3) How long have you lived there?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**4) How many times have you moved in the past 5 years?** \_\_\_\_\_\_\_\_\_\_ | **5) Do you have a fenced in yard?** [ ] Yes [ ] No  If yes, what kind of material and how tall? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**6) How many people currently live in the household?** \_\_\_\_\_\_\_**7) Do any children live in OR routinely visit the home?**  [ ] Yes [ ] No If yes, how many and what are their ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**8) Is everyone currently residing in your household aware you have chosen to adopt an animal?** [ ] Yes [ ] No |
|  |  |

**Current Pet Ownership**

**9) Are there any pets currently in the household?** [ ] Yes [ ] No If yes, please provide info below on each pet.

a] Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Cat [ ] Dog [ ] Bird [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Spay/Neutered

b] Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Cat [ ] Dog [ ] Bird [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Spay/Neutered

c] ] Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Cat [ ] Dog [ ] Bird [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Spay/Neutered

***\*\*If more, continue on back of form \*\****

**10) Where will the dog you adopt stay….**

**a] While you are in the house?**

 [ ] In crate [ ] Outside in fenced yard while monitored [ ] Single Room [ ] In pen [ ] Outside in fenced yard unmonitored

 [ ] Free Run of Home [ ] Garage [ ] Gated into a specific room (i.e. Kitchen) [ ] Basement

 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b] While you are out of the house or at night?**

[ ] In crate [ ] Outside in fenced yard [ ] Single Room [ ] In pen [ ] Free Run of Home [ ] Garage

[ ] Gated into a specific room (i.e. Kitchen) [ ] Basement [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11) How long do you anticipate the dog being left alone on a typical day?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12) What kind of training/discipline do you use and/or believe in?** [ ] Positive Reinforcement [ ] Spray Bottle [ ] Treats

 [ ] Crates [ ] Non aggressive verbal [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13) Have you ever fostered an animal before?** [ ] Yes [ ] No If yes, through what rescue program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Prior Pet Ownership History**

**14) Please complete the following for any prior pets**:

a] Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Cat [ ] Dog [ ] Bird [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ [ ] Spay/Neutered Age (at passing or surrender): \_\_\_\_\_\_\_\_\_

 Reason pet is no longer with you: [ ] Belonged to another resident [ ] Aggression Issues [ ] Allergy Issues [ ] Marriage

 [ ] Birth of child [ ] Surrender to shelter [ ] Medical Issues (not able to afford treatment) [ ] Personal Medical Issues

 [ ] Canine Passed Away - If passed away please state reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b] Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Cat [ ] Dog [ ] Bird [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ [ ] Spay/Neutered Age (at passing or surrender): \_\_\_\_\_\_\_\_\_

 Reason pet is no longer with you: [ ] Belonged to another resident [ ] Aggression Issues [ ] Allergy Issues [ ] Marriage

 [ ] Birth of child [ ] Surrender to shelter [ ] Medical Issues (not able to afford treatment) [ ] Personal Medical Issues

 [ ] Canine Passed Away - If passed away please state reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c] Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Cat [ ] Dog [ ] Bird [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ [ ] Spay/Neutered Age (at passing or surrender): \_\_\_\_\_\_\_\_\_

 Reason pet is no longer with you: [ ] Belonged to another resident [ ] Aggression Issues [ ] Allergy Issues [ ] Marriage

 [ ] Birth of child [ ] Surrender to shelter [ ] Medical Issues (not able to afford treatment) [ ] Personal Medical Issues

 [ ] Canine Passed Away - If passed away please state reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***\*\*If more, continue on back of form \*\****

**15) How did you hear about Tailgait?**

 [ ] Family / Friend

 [ ] Facebook

 [ ] Tailgait Website

 [ ] Fundraising event

 [ ] A Volunteer

 [ ] Another Shelter/Rescue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16) Are you willing to allow a volunteer of Tailgait Transport and Rescue to complete an inspection of your home as needed?** [ ] Yes [ ] No

* **Animals can take a considerable period of time to adjust to an environment. Are you willing and able to give the animal a minimum of TWO months to adjust to the new environment? (Circle choice)**  Yes No
* **Some pets may require house and behavior training to adjust to a new home and family. Are you willing and able to provide any needed training? (Circle choice)** Yes No
* **What will you do if your current pet(s) do not get along with the new pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References**

**Please list two references** (outside of your own home, and non-family members):

1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Time to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Time to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list current veterinarian information if applicable**:

Name of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any specific questions and/or concerns about our program:**

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

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**Final Agreement**

***I certify that the information I have supplied above is true and that any false statements may result in nullifying this adoption and/or denial of the application.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Date**

|  |
| --- |
| Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Approved [ ] Not Approved Adoption coordinator Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |