

# Tailgait Transport and Rescue

Manchester, NH  
Tailgaitrescue.org  
TGTTAR@gmail.com



## Adoption Application

Name of Animal: \_\_\_\_\_

Thank you for considering adopting an animal from Tailgait Transport and Rescue (TTR). We ask that you complete this application 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.

To be considered for adoption you need to check off **ALL** applicable boxes

- Be 21 years of age or older
- Having legal photo identification showing your present address (i.e. Driver's License)
- Have knowledge and consent of all adults living in the household
- Have your landlord's knowledge and consent to bring the animal onto the property
- Understand that TTR reserves the right to verify all information submitted on this application, including, but not limited to veterinary information and landlord permission.
- Understand that TTR has full authority to approve or deny your adoption application
- Understand that you may not transfer ownership of any adopted animal from TTR to another person. If you relinquish ownership of any adopted animal from TTR, you must contact TTR immediately for instructions on returning the pet.
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Name: _____	Home Address: _____
Phone No(s): _____ (H)	City: _____ State: _____ Zip: _____
_____ (C)	Email: _____
Best Call Time: _____	Applicant's initials: _____ Date: _____

- 1) What type of residence do you currently live in?  
 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 so what kind of material and how tall? \_\_\_\_\_
- 6) How many people currently live in the household? \_\_\_\_\_
- 7) Are there any children living in **OR** routinely visit the home?  Yes  No  
If so 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
- 9) Are there any pets in the household?  Yes  No
- 10) Where will the animal 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 while monitored  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 animal 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 so through what rescue program? \_\_\_\_\_

If so what are their species, breeds & ages?

14) How did you hear about Tailgait?

a) Name: \_\_\_\_\_  
 Cat  Dog  Bird  Other: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Spay/Neutered

- Family / Friend
- Facebook
- Tailgait Website
- Fundraising event
- A Volunteer
- Another Shelter/Rescue: \_\_\_\_\_
- Other: \_\_\_\_\_

b) Name: \_\_\_\_\_  
 Cat  Dog  Bird  Other: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Spay/Neutered

c) Name: \_\_\_\_\_  
 Cat  Dog  Bird  Other: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Spay/Neutered

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

d) Name: \_\_\_\_\_  
 Cat  Dog  Bird  Other: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Spay/Neutered

**\*\*If more continue on space on back of form, thank you\*\***

### Ownership History

16) Have you ever owned a pet before?  Yes  No

If so please complete the following:

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (current or at passing) Sex: \_\_\_\_\_

Spayed / Neutered?  Yes  No      Is this canine still with you?  Yes  No **\*\*If not please list reason below\*\***

Belonged to another resident    Aggression Issues    Allergy Issues    Marriage    Birth  
 Shelter Turn In    Medical Issues (not able to afford treatment)    Medical Issues (Personal)  
 Canine Passed Away

**\*\*If passed away please state reason:\_\_\_\_\_\*\***

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (current or at passing) Sex: \_\_\_\_\_

Spayed / Neutered?  Yes  No      Is this canine still with you?  Yes  No **\*\*If not please list reason below\*\***

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**\*\*If passed away please state reason:\_\_\_\_\_\*\***

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (current or at passing) Sex: \_\_\_\_\_

Spayed / Neutered?  Yes  No      Is this canine still with you?  Yes  No **\*\*If not please list reason below\*\***

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 Shelter Turn In    Medical Issues (not able to afford treatment)    Medical Issues (Personal)  
 Canine Passed Away

**\*\*If passed away please state reason:\_\_\_\_\_\*\***

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (current or at passing) Sex: \_\_\_\_\_

Spayed / Neutered?  Yes  No Is this canine still with you?  Yes  No *\*\*If not please list reason below\*\**

Belonged to another resident  Aggression Issues  Allergy Issues  Marriage  Birth  
 Shelter Turn In  Medical Issues (not able to afford treatment)  Medical Issues (Personal)  
 Canine Passed Away  
**\*\*If passed away please state reason:** \_\_\_\_\_ **\*\***

- **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):

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:

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

**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.**

\_\_\_\_\_  
**Adopter Applicant Signature**

\_\_\_\_\_  
**Date**

Date Reviewed: \_\_\_\_\_  
 Approved  Not Approved  
 Adoption coordinator Initials:  
 \_\_\_\_\_

