

www.rescuerebels.org Please email application to: **rescue.rebels@yahoo.com**

Thank you for your interest in adopting a dog rescued by **Rescue Rebels by Cash 4 Canines Inc**.

Please enter the name of the dog you are interested in:	

ABOUT YOU:

Full name:								
Age:	Marital status:	Married	Single	Divorced	Other			
(Note: You are required	l to be 23 years or o	der to adopt a	dog from Rescu	ie Rebels by C	ash 4 Canine	es Inc.)		
Your address:					_,		,	.,
	t Address				City		State	Zip Code
Home Phone: ()		Cell Phone: ()				
Email:								
Employer name:				_ Employer pl	none number:		_)	
HOUSEHOLD INFORM	IATION:							
Type of residence:	Home Ap	artment	Town Home	Mobile	home	Other		
Do you: Owr	n Rent	Lease	live with	1 relatives				
For the following, if rer	nt, provide name of l	andlord and cor	ntact number; if	HOA provide r	name of conta	ict person a	nd contact num	ber
Contact Name:					Number	:: (_)	
Home/Renters insuran	ce company Name: _				Number:		_)	
Any restrictions from y								
, ,		, , , , , , , , , , , , , , , , , , ,	· · _				d Restrictions)	
How many times have	you moved in the las	st 5 years?						
Do you have a fully fen	ced yard? (Yes/No): _	; If ye	s: (Height and t	ype of fence) _				
Do you have any of the	e following (Undergro	ound Fence, Ou	tside Dog Run,	Doggie Door) _	; If y	ves:		
How many adults live i	n your household? _							
How many children live	e in your household (list ages of chile	dren)?	_; ages:				
Does anyone in the ho								
Is everyone in the hous					-			
Describe your househo	-							
Who will be the primar	-							
For how many hours a								



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CURRENT/PREVIOUS PET INFORMATION:

List currently/own pets:

Pet Name	Species	Age	Spayed or Neutered	Owned (Years)	Veterinarian Name

Veterinarian Detail:

Name	Address	Phone Number

List any pets you have owned in the last 10 years:

Pet Name	Species	Age	Spayed or Neutered	Owned (Years)	Veterinarian Name

References: (Can not be family members)

Name	Phone	Relationship



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FELINE DETAILS:

Do you have a cat? (Yes/No):	; If yes: does it get along with other animals? (Yes/No):	; Declawed (Yes/No):	
Do you have a cat: (les/No)		, Decidweu (Tes/NU)	_,

OVERALL DETAILS:

Have you ever given a pet to a rescue/shelter/returned to breeder or sold it?	
(Yes/No):; Details:	
Have you even had a pet for a short period of time and it didn't work out?	
(Yes/No):; Details:	
Have you ever had a pet lost/stolen or hit by a car?	
(Yes/No):; Details:	

NEW PET INFORMATION:

Where will the	e new pet live:	Othe	r:	
	(Indoors mostly/outd	oors for exercise, Outdoors most	y/indoors on occasion, Indoor only	y, Outdoor only, Not sure)
Where will the	e new pet be when nobody's home	2:		
		(Inside the house, Inside the h	ouse in a crate, Laundry room, Ga	rage, Porch, Outside)
Where will the	e new pet sleep at night?			
Are you willin	g to work through your new pet's	adjustment issues? (Yes/No):		
Are you willin	g to provide vet care that could ex	ceed \$2000 a year for unexpecte	ed issues? (Yes/No):	
What type of	flea and heartworm preventative v	vill you use?	(Please specify):	
		(Frontline, Heartgard, Tr	ifexis, Comfortis)	
Type of leash	and collar you will use?		Other:	
	(Nylor	n, Leather, Fur Saver, Choker, Pine	ch, Not sure)	
What circums	tances might justify you giving up	a dog? (check all that apply)		
	Baby	Moving	Shedding	Job Change
	Traveling	Divorce	Allergies	Dog's behavioral problems
	Dog becomes ill	Dog doesn't get along with other pets	Dog is distructive	Dog is not housebroken
	Other			



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NEW PET PREFERENCES:

Size of Dog: (Small, Medium, Large, Any Size):	
Sex of Dog: (Male, Female, Doesn't Matter):	
Age of Dog: (Young, Puppy, Adult, Senior):	
Reason for adopting: (Companionship, Protection):	Other:
How soon are you hoping to adopt a dog?	Other:
(Right away, Not in a h	nurry, Willing to wait for the right dog)
Energy Level Preferred: (Low, Medium, High)	
Do you intend to:	Other:
(walk dog on/off leash, dog exercise in back ya	ard/dog park/hiking/jog)
Do you believe in crate training? (Yes/No):	
What kind of dog owner do you consider yourself to be?	Other:
(Strong	Leader, Loving Caretaker)
Your ideal dog would be:	
Bad dog habits you cannot tolerate:	
Would you like to add any additional information for our Rescue to	o know? (Yes/No):; If yes, detail below:

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Date: _____ / ____ / ____ / ____