



ADOPTION APPLICATION

A successful adoption depends on selecting the right HERDING DOG for your household. Please help us with this process by answering the following questions fully & completely. Please PRINT LEGIBLY or use the online form to type, print out, and mail. Copy by email is for reference only. Coastalsheltierescue@gmail.com we must have hard copy in mail.

Applicant (must be 21 or older)	Co-Applicant (must be 21)
Name: _____ Age _____	Name: _____ Age _____
Occupation: _____ Cell Phone _____	Occupation: _____ Cell Phone: _____
Street Address: _____ Apt# _____	Relationship to Applicant: _____
City: _____ State: _____	Zip Code: _____
Home Phone: _____	Work Phone Primary: _____
Primary Email Applicant: _____	Primary Co-Applicant Email: _____
If retired list prior Occupation _____	If retired List prior Occupation _____
Work schedule _____	Work schedule _____

How many adults live in your household, **other than the applicant and co-applicant**: Please list names relationship to you and their ages:

How many children live in your household, do you have grandchild that live or visit often : _____ And their ages: _____ Do you take care of your grandchildren during the day? _____

Do you take care of any unrelated children in your home? If so how many and for how long? _____

Do you have custody or visitation of children not living with you? When do they visit and how often?

Are you a Previous Coastal Adopter? If yes: _____
 Name(s) and ID#(s) of your adopted dog(s)

1. Reasons for Adoption (check all that apply):

- Family Companion Gift Personal Protection For Child Playmate for Current Dog
 "Replace" Previous Dog To provide a loving and safe home to a Coastal dog-in-need

Other: _____

2. Considerations: (please indicate which of the following characteristics **you would be willing to consider** in a new Forever Friend)

Gender: Male Female **Age:** Puppy 6mo to 3yrs 4yrs to 7 yrs over 7

****To be considered for adoption of a puppy under 5 months old, you must not be gone from home longer than 4 hrs at a time.**

Energy Level: Extremely Active High Medium Low Couch Potato

**Most Herding dogs are typically high energy through middle age – there is no such thing as a 2 yr or younger herding dog with low or couch potato energy.

I/We have the willingness to consider a dog that needs some behavioral direction:

Slight Medium Stronger
(e.g., general obedience) (e.g., slight separation anxiety) (e.g., separation anxiety, trust issues)

I/We have the resources and willingness to consider a dog with some medical needs:

Slight Medium Stronger
(e.g., needs diet/supplements/exercise) (e.g., needs some meds or modification) (e.g., needs some therapy)

I/We will consider adopting:

A pair A dog that must be an only pet A dog that needs a canine companion A mix

3. Type of Residence (check):

House Townhouse Duplex Apartment /Condo Mobile Home With Parents

Do you own: **Or rent:**

Do you have a completely fenced yard: Yes No **Height of Fence at lowest point** _____ **Approx. fenced area** _____

Describe your fence including all heights, materials, gates/openings. Is the fence intact on all sides? Are there locks at each gated opening?

If no, and you intend to fence, when? _____ (We do not hold dogs for pending completion of fencing)

What type of fence do you have or intend to have: Chain link Privacy Split rail with wire mesh Electric
Other _____

Please provide the name and phone number of your landlord:

Landlord name: _____ Phone: _____ **Include proof you are able to have pets**

ATTENTION RENTERS OR CONDO OWNERS: A COPY OF YOUR HOMEOWNER'S ASSOCIATION AGREEMENT OR YOUR LEASE, OR A NOTARIZED STATEMENT FROM YOUR LANDLORD/ASSOCIATION CONFIRMING THAT A LARGE DOG IS PERMITTED MUST BE ATTACHED OR THE APPLICATION CANNOT BE PROCESSED

How do you plan to exercise the dog and arrange for toilet duties, and who will supervise; will kids under 18 have responsibility?

4. Will the dog ever be in the yard/outside the house when you are not at home: Yes No

Under what circumstances: _____

5. Do you currently have any of the following (check all that apply):

Dog Door Outdoor Kennel Run Tieout Stake Overhead Cable Runner Outdoor Dog House

If there is a Dog Door, will the dog have access to the yard when you are not home?

If so, for how long? _____ **A home with a Dog Door must have a very secure physical fence with locking gates

6. Where will the dog stay while you are at work/out of the house? (check all that apply):

Basement Laundry Garage Crate Free in home Kitchen Yard
Outdoor kennel

Other: _____

7. Where will this pet sleep at night, please be specific: _____

8. What areas of the house or yard are off-limits to the dog: _____

11. Number of total hours dog will be alone each day: _____

Is someone available to come home mid-day? Please list times _____ Usually Sometimes No

Is anyone home during the day: Yes No Please list who and the amount of time & time of day _____

Please list all household members and the level of their responsibilities in regards to caring for a new dog: (include anyone that routinely cares for the dog in your home, e.g. Nanny, Housekeeper, Pet-Sitter, etc)

Do ALL household members want a new dog and are they willing to make a lifetime commitment: _____

12. Please describe your idea of a typical week day and week-end day in the pet's life; how do you plan to interact with your dog?:

13. Does anyone in your household have allergies to dogs or asthma: Yes No

How is this controlled: _____

14. Where will the dog stay when you travel or take vacation: _____

Do you travel regularly: Yes No If yes, how often: _____

15. If you have to move, what will you do with this dog: _____

16. Are you prepared to provide for the dog for the next 12 or more years: Yes No

17. Typical care for a healthy herder can range from \$500 to \$2500 per year. Will you be able to budget at least this amount? _____

Our current non-refundable adoption fees range from \$500 to \$750. Will you be able to budget at least this amount? _____

18. What brand of dog food do you currently use or plan on using for this dog: _____

How many times a day do you feed or plan on feeding? Free feed Once Twice More

19. Would you be willing to attend a formal obedience class if required (required for dogs under 1 yr old): Yes No

20. Have you ever crated a dog: Yes No Are you willing to do so now: Yes No

If you prefer not to crate, why: _____

21. Please list all pets by breed and name that have **resided in your home** in the last **10 years**:

BREED /Name (example: Collie/sheltie)	GENDER		AGE	NEUTERED		WHERE IS PET NOW (PLEASE EXPLAIN)
	Male	Female		Yes	No	

Do you care for family members pets during the day or week ?

Does anyone living with you own an animal/ what kind breed name and age ?

Are your pet's vaccinations up-to-date?

22. When was their last visit to the veterinarian?

23. Is there any additional information you would like us to know about these pets:

24. Has a dog ever been stolen, lost or died prematurely: Yes No Please explain:

25. Has it ever been necessary to sell or give a pet away, or surrender it to a shelter or Rescue: Yes No Please explain:

26. What will you do with your new dog if the following 7 situations occurred? *

1) You move to a new home that does not allow pets?

2) You move to a new home that does not allow pets?

3) You get married? (if you're single) You get divorced? (if you're married)

4) A new boyfriend/girlfriend is allergic to dogs?

5) You travel?

6) You move locally?

7) Move out of state or country?

List two references. Include their name, email and phone. Include their relationship to you.

****Please notify your references that they will be contacted** (home or cell numbers are better than work numbers):

1. Name _____ Relationship: _____ Email _____ Phone _____

2. Name _____ Relationship: _____ Email _____ Phone _____

Please provide one relative as reference

1. Name _____ Relationship: _____ Email _____ Phone _____

27. If you currently have/had a pet please provide the name and phone number for your veterinarian list all in last 10 yrs:

1. _____ Phone _____

A COASTAL representative will contact the above personal and vet references. Please be sure phone numbers are accurate and please authorize your references (particularly your vet) to release information.

APPLICATIONS CAN NOT BE APPROVED UNTIL THE REFERENCE CHECKS HAVE BEEN COMPLETED

28. How did you hear about COASTAL: (Please check all that apply)

COASTAL website COASTAL event Veterinarian Shelter Ad TV Other _____

29. Have you ever applied to a shelter or rescue organization for adoption of a dog: Yes _____ No _____

If yes, please supply the name and location of the shelter or rescue, the date applied, and the result of your application:

30. What are the best times and days of the week to contact you: _____

31. Are you willing to have an CSR+ representative visit your home? *

32. Is there any additional information that you would like us to know (please use the back if more space is needed use back of form)

____ (Initial) I/We acknowledge that all information provided on this form is true and correct. I understand that any misrepresentations or omissions of fact may result in my not being approved and/or removal by COASTAL of the adopted dog from my possession.

____ (Initial) I/We certify that any information transmitted to COASTAL by e-mail or any other means to supplement or to reactivate this application will be true and correct.

____ (Initial) I/We certify that I have never been convicted of animal cruelty or neglect.

____ (Initial) I/We certify that all of the above information is true and accurate. I understand that if I adopt a pet from Coastal Sheltie Rescue, this document will become part of the adoption record. I also understand that completion of this questionnaire does not guarantee the adoption of an CSR+ dog.

____ (Initial) THE APPLICATION HAS BEEN SIGNED HAVING READ THROUGH THE GUIDELINES ON OUR WEBSITE WWW.COASTALSHETLIERESCUE.ORG AND I AM AWARE IF I DO NOT MEET THE MINIMUM GUIDELINES MY APPLICATION WILL BE DENIED.

APPLICANT'S SIGNATURE _____ Date _____

CO-APPLICANT'S SIGNATURE _____ Date _____

ALL OTHER ADULTS IN HOUSEHOLD MUST ALSO SIGN & PRINT THIS HOUSEHOLD ADULT PRINT NAME AND SIGN _____

____ Thank you for your \$25 Application Fee which will be used to help Coastal's rescued herding dogs get needed veterinary care. I/We understand that this fee is non-refundable regardless of the outcome of this application. Ways to pay: www.venmo.com/coastalrescue or check with application. (no longer taking paypal for application fees)

____ I/We wish to support Coastal Sheltie Rescue+ by becoming a member of COASTAL for the current calendar year. I have included \$40 for membership dues. Membership privileges include the COASTAL Newsletter, notification of COASTAL events.

____ I/We have enclosed our email address for notification of application decision. (please print clearly)

____ If you are married, in a committed relationship and/or living together that person must be listed as a co-applicant with direct contact information or we will deny your application. Please read all adoption requirements online before sending in an application. The application approval process may take several weeks and will include a home evaluation and reference checks. We are an all-volunteer organization so please be patient as we are often overwhelmed with the number of herding lovers who want to adopt from us. If you have any questions, please do not hesitate to contact the Application or Adoption Coordinators through our website, WWW.COASTALSHETLIERESCUE.ORG **COASTAL reserves the right to reject any application based on information obtained during the approval process.

ADOPAPP 09/20 Choose a building block.

Coastal Sheltie Rescue, Inc.
Po Box 56162 Va. Beach, Va. 23456
www.coastalsheltierescue.org



****Please print this form, initial and sign below in blue or black ink, and mail to the appropriate address.
Below waiver is required by all potential adopters or volunteers as part of the adoption process. We cannot process your application without this section being signed.**

WAIVER OF LIABILITY, MEDICAL RELEASE, PHOTO/VIDEO RELEASE AND INDEMNIFICATION AGREEMENT

In consideration for being permitted by Coastal Sheltie Rescue to participate as a volunteer in various activities, I hereby waive, release, and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or may which hereafter accrue as a result of my participation as a volunteer and resulting from negligence or misconduct of CSR+. This release is intended to discharge in advance CSR+, its' Directors, Officers, and/or agents to include their heirs, agents, representatives, successors and assignees from and against any and all liabilities, actions, claims, demands, costs, or expenses arising from or in any way connected with my participation as a volunteer and resulting from the negligence or misconduct of CSR+. I understand that various activities involving dogs and/or puppies can be hazardous in nature involving the possibility of being bitten, scratched, jumped on, dragged or knocked over. The possibility of serious accidents and/or injury can occur during participation in volunteer activities. Knowing the risks involved nevertheless I have voluntarily applied to participate in volunteer activities and I hereby agree to assume all risks of injury, and to release and hold harmless CSR+, its' Directors, Officers, and/or agents who through negligence or carelessness might otherwise be liable to me. I further agree to indemnify and to hold CSR+, its' Directors, Officers, and/or agents free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage I may sustain while participating as a volunteer. I agree that all services I provide are charitable in nature and entirely voluntary, and there will be no compensation of any kind for the performance thereof. Further I have been fully advised that as a non-employee I am not covered by worker's compensation and am not covered under any medical insurance plan associated with my volunteer position with CSR+. I hereby release CSR+ from any liability arising from personal and advertising injury. More specifically, I grant permission to use my likeness in a photograph/video or any photo/video that I upload to the CSR+ Facebook page or designated repository (e.g. Flickr) in any and all of its advertising or collateral materials, including the CSR+ website (www.coastalsheltierescue.org) without payment or any other consideration. I hereby irrevocably authorize CSR+ to edit, alter, copy, exhibit, publish or distribute any photos/videos taken of or by me for purposes of publicizing the CSR+ organization or for any other lawful purpose. **I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, PHOTO/VIDEO RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT BETWEEN MYSELF (AND MY GUARDIAN, if applicable) AND CSR+.**

APPLICANT'S/VOLUNTEER SIGNATURE _____ Date _____

APPLICANT'S/VOLUNTEER PRINT NAME _____

CO-APPLICANT'S/ VOLUNTEER SIGNATURE _____ Date _____

APPLICANT'S/VOLUNTEER PRINT NAME _____