COASTAL SHELTIE RESCUE+ PO BOX 56162 VIRGINIA BEACH VA 23456 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: Phone	Occup	ation:	Phone:
Street Address:	Relation	onship to Applicant:	
City:	State:	Zip Code:	
Home Phone:	Work Pl	hone:	
rimary Email: Secondary Email:			
How many adults live in your household, other th	ıan the applicant and	co-applicant: Please lis	st them and their ages:
How many children live in your household, do yo ages:	=	live or visit often :	And their
Are you a Previous Coastal Adopter? If yes:	Name(s) a	and ID#(s) of your adopted do	g(s)
1. Descent for Adoption (shock all that apply)		:	
1. Reasons for Adoption (check all that apply):			
☐ Family Companion ☐ Gift ☐	☐ Personal Protection	ı □ For Child	☐ Playmate for Current Dog
☐ "Replace" Previous Dog ☐ To pr	rovide a loving and safe	e home to a Coastal dog-	in-need
Other:			
2. Considerations: (please indicate which of the fo	ollowing characteristics	s 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 cons	idered for adoption of a	puppy, you must not be ş	gone from home longer than 4 hrs at a ti
Energy Level: ☐ Extremely Active ☐	High □ Medium		ch Potato
**Most Herding dogs are typically high energy th	•		
potato energy			
I/We have the willingness to consider a dog	that needs same behav	rianal direction	
Slight	Medium		onger
(e.g., general obedience) (e.g., slight separation ar			6
I/We have the resources and willingness to	consider a dog with so	ome medical needs:	
Slight (e.g., needs diet/supplements/exercise) (e.g	Medium ., needs some meds or mo		onger ls some therapy)
**	., needs some meds of mo	diffication) (e.g., fieed	is some merapy)
I/We will consider adopting: ☐ A pair ☐ A dog that must be an on	aly pet	at needs a canine compa	nion A mix
3. Type of Residence (check):			
☐ House ☐ Townhouse ☐ Duple	ex	ondo 🗆 Mobile Hom	ne U With Parents

Do you own:	Or rent:	

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 Please provide the name and phone number of your landlord.

Landlord name:	Pho	one:	Inc	lude proof you are	e able to have pe	ets
Do you have a completely fe	•	No □	Height of Fence	at lowest point	Appro	ox. fenced
4. If no, and you intend to fence,	when?		(We do not hol	d dogs for pendin	g completion of	fencing)
What type of fence do you hav			•	☐ Split rail w		☐ Electric
5. How do you plan to exercise th	e dog and arrange for		-		•	
6. Will the dog ever be in the yard Under what circumstances:	d/outside the house wh	nen you are n	ot at home: Yes	□ No □		
7. Do you currently have any of the	ne following (check al	l that apply):				
☐ Dog Door ☐ Outdo		☐ Tieout Sta		ad Cable Runner		Dog House
If so, for how long?	**A hon	ne with a Dog	Door must have a ve	ry secure physical f	ence with locking	gates
8. Where will the dog stay while	you are at work/out of	the house? (check all that appl	y):		
☐ Basement ☐ La Outdoor kennel ☐	undry 🗆 Garag	e 🗆 C	rate 🗆 Free	in home \square	Kitchen	Yard \Box
Other:						
9. Where will this pet sleep at nig	ht, please be specific:					
10. What areas of the house or yard	d are off-limits to the	log:				
11. Number of total hours dog wil	ll be alone each day: _					
Is someone available to come he	ome mid-day? Please	list times		Usually	□ Sometime	es 🗆 No
s anyone home during the day: Yes	□ No □ Please	list who and	the amount of tim	e & time of day_		
lease list all household member outinely cares for the dog in your home		•	_	s to caring for a	new dog: (inclu	de anyone that
o ALL household members wan	t a new dog and are	they willing	g to make a lifeti	me commitmen	t:	

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?:

	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:
I	Do you travel regularly: Yes \(\Boxed{\sigma} \) No \(\Boxed{\sigma} \) If yes, how often:
15.]	If you have to move, what will you do with this dog:
	Are you prepared to provide for the dog for the next 12 or more years: Yes \square No \square
	Typical care for a healthy herder can range from \$500 to \$2500 per year. Will you be able to budget at least this amount?
1/.	
	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:
F	How many times a day do you feed or plan on feeding? Free feed \square Once \square Twice \square More \square
19. '	Would you be willing to attend a formal obedience class if required (required for dogs under 1 yr old): Yes \Box No \Box
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 GENDER AGE NEUTERED WHERE IS PET NOW (PLEASE EXPLAIN)
(e:	xample: Colliesheltie) Male / Female Yes / No (PLEASE EXPLAIN)
22.]	Is there any additional information you would like us to know about these pets:
23.]	Has a dog ever been stolen, lost or died prematurely: Yes \square No \square Please explain:
24.]	Has it ever been necessary to sell or give a pet away, or surrender it to a shelter or Rescue: Yes□ No□ Please explain:
د. در. ا	Please provide the name & phone number for two personal references (other than relatives) **Please notify your references that they will be contacted (home or cell numbers are better than work numbers):
	Phone
1	Thone
	Phone

	and vet references. Please be sure phone numbers are
accurate and please authorize your references (particularly	
APPLICATIONS CAN NOT BE APPROVED UNTIL THE R	REFERENCE CHECKS HAVE BEEN COMPLETED
27. How did you hear about COASTAL: (Please check all that apply)	
COASTAL website □ COASTAL event □ Veterinarian	\square Shelter \square Ad \square TV \square Other
28. Have you ever applied to a shelter or rescue organization for ador If yes, please supply the name and location of the shelter or rescue,	
29. What are the best times and days of the week to contact you:	
30. Is there any additional information that you would like us to know	v (please use the back if more space is needed):
31. **Please print this form, initial and sign below in blue	or black ink, and mail to the appropriate address.
(Initial) I/We certify that any information transmitted to reactivate this application will be true and correct(Initial) I/We certify that I have never been convicted of a YOU MUST BE 21 YEARS OR OLDER TO SIGN THIS APPLICATION ORIGINAL SIGNATURES ARE REQUIRED TO PROCESS THIS APP	animal cruelty or neglect. N. PLICATION.
CO-APPLICANT'S SIGNATURE	
ALL OTHER ADULTS IN HOUSEHOLD MUST ALSO SIGN & PRINT TH	
	11S APPLICATION
care. I/We understand that this fee is non-refundable regard	sed to help Coastal's rescued herding dogs get needed veterinary
care. I/We understand that this fee is non-refundable regard www.venmo.com/coastalrescue or check with a I/We wish to support Coastal Sheltie Rescue+ by becomi	sed to help Coastal's rescued herding dogs get needed veterinary lless of the outcome of this application. Ways to pay:
care. I/We understand that this fee is non-refundable regard www.venmo.com/coastalrescue or check with a I/We wish to support Coastal Sheltie Rescue+ by becomi I have included \$40 for membership dues. Membership priv	sed to help Coastal's rescued herding dogs get needed veterinary dless of the outcome of this application. Ways to pay: application. (no longer taking paypal for application fees sing a member of COASTAL for the current calendar year. vileges include the COASTAL Newsletter, notification of COASTAL

Phone

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.coastalshetzlierescue.org **COASTAL reserves the right to reject any application based on information obtained during the approval process.

ADOPAPP 09/19 Choose a building block.