

Pattie's Waggin' Tails Senior Sanctuary is a Registered 501(c)(3) nonprofit organization. EIN 33-4661982

Thank you for your inquiry. Our application is below so we can see if you would be a good fit and set up a meeting by appointment. Please copy and paste the application into an email or hit reply and scroll down to fill it out in the reply.

Please note: Email will be our primary method of communication before, during, and after the adoption process. We are a volunteer-run rescue and limited ability to return phone calls so please check your email regularly to help streamline the adoption process.

## **Forever Foster Application**

Date: \_\_\_\_\_

Name & Breed of animal interested in adopting: \_\_\_\_\_

### **Introductory Information:**

Adopter: \_\_\_\_\_ Home Tele.# \_\_\_\_\_

Work # \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Please note we do not do long-distance adoptions.**

1. Have you ever owned a dog before? Yes No
2. Do you own a dog now? Yes No, What sex? M F What breed? \_\_\_\_\_ How old? \_\_\_\_\_ It is spayed/neutered? \_\_\_\_\_
3. Please describe your current dog's personality. \_\_\_\_\_
4. How long ago did you own your previous dog? \_\_\_\_\_ How old? \_\_\_\_\_ What breed? \_\_\_\_\_ Was it spayed/neutered? Yes No
5. What happened to your last dog? Please explain.  
\_\_\_\_\_
6. Do you have any cats or other pets now? Yes No What type? \_\_\_\_\_
7. Are they spayed/neutered? Yes No
8. Who are you adopting this animal for? Self Someone Else Gift
9. How many people are in your household? \_\_\_\_\_
10. What is their relationship to you? \_\_\_\_\_
11. If children, what age and sex? \_\_\_\_\_
12. Do children visit frequently? If so, what ages? \_\_\_\_\_

13. How often do you have people or dogs outside of the household visit?  
\_\_\_\_\_
14. Is anyone home during the day? Yes No Who? \_\_\_\_\_
15. Who would be the main person responsible for the dog's care? \_\_\_\_\_
16. How many hours will the dog be left alone? \_\_\_\_\_
17. Are you planning to crate-train? Yes No
18. When and for how long would the dog be in a crate? Please explain. \_\_\_\_\_  
\_\_\_\_\_
19. (please complete other side)
20. Type of residence (place an X before one) \_\_\_\_\_ Private Home \_\_\_\_\_ Apartment \_\_\_\_\_ Condo  
\_\_\_\_\_ Other (please explain) \_\_\_\_\_
21. Do you rent or own your home? Rent Own If renting, does the lease allow pets? Yes No
22. Would a dog barking when left alone cause issues with neighbors? \_\_\_\_\_
23. Landlord's name and telephone #: \_\_\_\_\_
24. How long have you lived at this address? \_\_\_\_\_
25. If less than 2 years give previous address  
\_\_\_\_\_
26. Is your yard fenced? Yes No What size and height fence? \_\_\_\_\_
27. If no fence, what method will you use to take the dog outdoors? \_\_\_\_\_
28. Where will the dog be kept during the day? \_\_\_\_\_ When no one is home? \_\_\_\_\_  
At night? \_\_\_\_\_
29. What is your occupation? \_\_\_\_\_ How long have you worked there? \_\_\_\_\_
30. What are your work hours? \_\_\_\_\_
31. What veterinarian(s) have you used for past and current pets?  
\_\_\_\_\_
32. Vet's Phone # \_\_\_\_\_
33. First and last names current and previous pets' records are under at the  
vet \_\_\_\_\_

Note: Please get in touch with your vet's office to give permission for them to speak to us. We are unable to process the application without a veterinary reference.

34. Why do you want this pet? \_\_\_\_\_

35. What qualities are most important to you in a pet? (ex: housebroken, good with children, good with other animals, watchdog, etc.) \_\_\_\_\_

\_\_\_\_\_

36. What issues could cause you to have to return this dog? \_\_\_\_\_

\_\_\_\_\_

37. Are you aware of any allergies in your household? Yes No

38. Personal reference #1 \_\_\_\_\_

39. Personal reference #2 \_\_\_\_\_

40. Personal reference #3 \_\_\_\_\_