



All Breed Rescue

CherishedK-9s@hotmail.com  
575-496-6085

## ADOPTION APPLICATION

### ADOPTER'S INFORMATION

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

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

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

### WHAT KIND OF DOG ARE YOU LOOKING FOR?

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Size: \_\_\_\_\_ Color/Coat: \_\_\_\_\_

Other, please specify: \_\_\_\_\_

\_\_\_\_\_

What are the plans for this dog? (check all that apply)

Companionship     Working dog     Guard dog     Service/Therapy dog  
 Jogging dog     Hunting dog     Couch dog     Other \_\_\_\_\_

What temperament are you looking for in a dog? (check all that apply)

High energy     Outdoorsy     Affectionate     Quiet     Mellow  
 Alert     On guard     Other \_\_\_\_\_

Please describe any experience you have in owning/raising a dog.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever given up a dog? Please explain.

\_\_\_\_\_

\_\_\_\_\_

### FAMILY/RESIDENCE INFORMATION

Number and age of adults living at residence: \_\_\_\_\_ Number and age of children at residence: \_\_\_\_\_

Occupation of Adults in household: \_\_\_\_\_

Are your children and those that visit your home used to being around and know how to handle dogs? Yes No

Is there any child who is afraid of dogs? Yes No If yes, explain how this will be handled: \_\_\_\_\_

Are all members of your household in favor of adopting a dog? Yes No

If no, who is not in favor and why? \_\_\_\_\_

How long at current address? \_\_\_\_\_ Type of Home: Apartment House Ranch Mobile Home Other

If renting, do you have your landlord's permission to have a dog on the premises? Yes No

Please give name and Phone number of landlord, if applicable: \_\_\_\_\_

Number of dogs or other pets currently in your household: \_\_\_\_\_

If you have dogs, are all spayed or neutered? Yes No If no, why not? \_\_\_\_\_

Do your current pets get along with other dogs? Yes No

Will the dog be allowed in the house? Yes No

Where will the dog be kept when you are away from home? \_\_\_\_\_

Where will the dog be kept at night? \_\_\_\_\_

How long will the dog be left alone (without humans) each day? \_\_\_\_\_

How many hours will the dog spend chained per day? \_\_\_\_\_

Do you have a fenced in yard that the dog will have access to? Yes No Fence Height: \_\_\_\_\_

How do you plan to exercise the dog and how often? \_\_\_\_\_

What will happen to the dog if you have to move? \_\_\_\_\_

What will happen to the dog (if it's still living) when you die? \_\_\_\_\_

In the event the dog needs veterinarian care, what is the maximum amount you are willing to pay? \_\_\_\_\_

It can take time for a pet to adjust to a new home (ranges from days to several months). Are you willing to give it all of the time it needs to adjust? Yes No

Explain: \_\_\_\_\_

What circumstances would cause you to return the dog? \_\_\_\_\_

Any other information you'd like to share with us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES** (Please provide veterinarian's contact information plus two additional references.)

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**A home visit by Cherished K-9 is required prior to adopting a dog. This will help to ensure that the dog you adopt will be compatible with your family, your lifestyle, home environment, and your current pets.**

**After the adoption is finalized, Cherished K-9 will conduct wellness checks to ensure the dog is doing well.**

**Some of Cherished K-9's dogs require behavior training. Prospective adopters must agree to take them to training if indicated. The prospective adopter will pay for the behavior training.**

I acknowledge that the information provided in this application is true and accurate to the best of my knowledge and give Cherished K-9 volunteers permission to obtain required information from my Veterinarian(s), my Landlord (if applicable), and references listed above.

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

**NOTE: This application must be submitted prior to the home visit.**

last update 9/4/15