

Northern Star Dog Rescue

Pre-Adoption Form

Thank you for your interest in Northern Star Dog Rescue adoption program.

We request the following information so that we can assist you in the selection of a new dog. This form and a scheduled consultation with a Northern Star Dog Rescue representative are designed to help you find the dog most compatible with your lifestyle. Completion of this application does not guarantee adoption.

To be considered as an adopter, you must:

- Be 21 years of age or older
- Provide valid identification with current address
- Provide written consent from landlord if you rent your home
- Be able and willing to spend the time and money necessary to provide food, training, medical treatment and proper care of the dog.
- Pay \$25 background check non refundable
- Allow a home check to be done

Name of applicant _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Driver's license # _____ Date of birth _____

Best time to contact you:_____

Best way to contact you:_____

Do you own or rent?_____

If you rent, please provide us with one of the two things, the landlord's name and number or a (separate) copy of your lease agreement:_____

Please provide two personal references:

Name of reference #1:_____

Address:_____

City_____State_____Zip_____

Phone_____Email:_____

Name of reference #2:_____

Address:_____

City_____State_____Zip_____

Phone_____Email:_____

How many adults in family?_____Kids?_____

Kids ages?_____

Do you have a completely fenced yard? YES or NO

Fence height?_____

Fence material?_____

Do other animals live in your home or on property?_____

Please list name, species, breed, sex, age, spay/neutered, UTD on vaccines,

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Will this be your first dog? YES or NO

Describe in detail what you are looking for:

Hair length_____Size_____Age_____

Energy level_____Sex_____

Have you ever turned your dog in to a shelter? YES or NO

If yes, please explain:_____

Have you ever had a pet euthanized? YES or NO

If yes, please explain:_____

How many hours per day will your dog be left without human companionship?

Where will your dog be kept during the day?

Where will your dog be kept during the night?

Are you willing to exercise the dog on a regular basis?_____

Who is your veterinarian:_____

Address:_____

Phone:_____Email:_____

Do we have permission to contact your veterinarian? YES or NO

Authorization Release:

I _____ and _____

Hereby authorize the representatives from Northern Star Dog Rescue to review my application, check my references, do a home check, including but limited to a basic background check including criminal records as they relate to the care and treatment of animals.

Applicants signature _____ Date _____

Applicants signature _____ Date _____

Please email or mail your completed application to:

Email: Northernstardogrescue@gmail.com

Address: Northern Star Dog Rescue

12080 W Florida Dr

Boise ID, 83709

Phone: 208-810-3700