



## FRANKLIN ALL ANIMAL RESCUE TEAM

### APPLICATION FOR ADOPTION

Name of Applicant/Dog's Primary Caregiver: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Please list any other adults living in household:

\_\_\_\_\_  
\_\_\_\_\_

Please list names and ages of ANY children who either live with you or visit you on a regular basis (include any grandchildren or other relatives): \_\_\_\_\_

\_\_\_\_\_

#### PETS WHO ARE NOW IN THE HOUSEHOLD

NAME, age, spay/neuter status, species (dog, cat, etc.), & breed of ALL pets in your household:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

How does your dog(s) react to other dogs? (Friendly, submissive, growls, etc.):

\_\_\_\_\_

Are ALL dogs in your household current on ALL recommended and/or required vaccinations? Yes/No

Please list dates of last vaccination:

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Other (Bordetella, Lyme) \_\_\_\_\_

Are ALL dogs in your household spayed/neutered? Yes/No

Name, address, & phone of current Veterinary Clinic and/or Veterinarian:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a dog diagnosed and/or treated for heartworms? Yes/No

If yes to heartworm diagnosed, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you own/rent? Live in (circle one): House/Townhouse/Apartment/Duplex/Trailer/Other Do you have the landlord's permission to have a dog ? Yes/No

Landlord's name, address, & phone number:

\_\_\_\_\_

Do you have a fenced yard? Yes/No      What type of fencing, and height of fence?

\_\_\_\_\_

Do you allow your dog(s) to run in any unfenced areas? Yes/No      If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is anyone home during the day? Yes/No If not, where will the dog be kept during the day?

\_\_\_\_\_

If no one will be home during the day, about how many hours will the dog be left alone? \_\_\_\_\_

Where will the dog be kept during the Day? \_\_\_\_\_ During the night? \_\_\_\_\_

Are you familiar with crate training? Yes/No

Do you have a crate available for use with your adoption dog? Yes/No

Are you aware that your adoption dog may be an adult, with an unknown history, and no prior training? Yes/No

Are you aware that your adoption dog may chew, dig, bark, jump, or display other undesirable behaviors while in your care? Yes/No

Are you willing to take your adoption dog to the vet for routine vaccinations and any other medical required? Yes/No

Are you willing to work with your adoption dog in areas such as basic obedience and house training? Yes/No

Have you had any experience in introducing new dogs into your household? Yes/No

Are you willing to supervise any children around your adoption dog AT ALL TIMES?

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please give this form to a Franklin All Animal Rescue volunteer or send the completed

form and Volunteer waiver to: **marisawade71@gmail.com**