**Just One More Dachshund Rescue**

**“Vintage Dogs for Seniors Application”**



Date\_\_\_\_\_\_\_\_\_\_

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PO Boxes not acceptable)

Do you own your home?\_\_\_\_(If not, written approval from landlord allowing a pet is required.)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which pet would you be interested in adopting (if name is known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current pets you own who are living in your home:

 Name Type (dog, cat, etc.) Breed (if Dog) Age Indoors/Outdoors Owned how long?

1.

2.

3.

What factors have led you to decide to adopt a senior dog?

Tell us about your family/each person living in your home:

Name Relation Age Experience with animals

1.

2.

3.

Have you ever had to euthanize a pet? If so, please detail the reason/s below, and who was with the pet during the procedure:

Please provide the name and number of your veterinarian/s. Please contact them to authorizing their ability to share your animal records and information with our organization.

Please provide the name, phone and email of 3 personal references who can share information on your background as a pet owner and/or rescuer (only one can be a relative).

 1 2 3

Name

Phone

Email

How many hours per day will the dog be alone and where will he/she be kept?

Are you able to transport your dog to the vet as needed or would you require the rescue to help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Vintage dogs will be fully vetted prior to adoption.

If you interested in the rescue helping with all vet care going forward, can you please let us know what you’d like help with?

Please check all that apply

Routine annual vaccines/tests\_\_\_\_\_\_

Annual bloodwork\_\_\_\_\_\_\_\_\_\_

Out of the ordinary vet visits\_\_\_\_\_\_

Heartworm prevention monthly\_\_\_\_\_\_\_

Any medicines \_\_\_\_\_\_

Any additional comments?

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

Name - Signature Date

jomdachshundrescue@gmail.com

jomdr.org