



RESCUE DOGS DREAM, INC.

Address: 4190 S. Spaniel Trail, Inverness, Florida 34450
Mailing Address: PO Box 1649, Homosassa Springs, Florida 34447
Phone: (352) 501-8782
Website: <http://rescuedogsdream.com>
A 501(c) 3 non-profit organization

ANIMAL ADOPTION APPLICATION

Applicant's Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Length of Time at this Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Applicant's Occupation: _____

If you have animals at your home now please provide the following:

Breed of Dog _____ **Size of Dog:** _____

Temperament: _____ **Weight:** _____

Age: _____ **Neutered/Spayed (indicate Y/N)** _____

Update to Date on Shots: (indicate Y/N) _____

****IF AT ANY TIME THE ADOPTION DOES NOT WORK OUT, THE OWNERSHIP OF THE DOG GOES BACK TO THE RESCUE.****

Do you rent or own (circle one). If rent, Rescue Dogs Dream will need a letter of agreement from your landlord allowing the dog in your home and on the premises.

Fenced yard (indicate Y/N) _____

If no, how do you plan to exercise the dog? _____

Where will the dog be kept when you are not at home: _____

If you work outside the home and your answer to the question above is that the dog will be crated, do you understand that to complete the application the dog must not be crated for no more than 8 hours within a 24-hour period of time. Please indicated Y/N
_____.

Who will care for your dog when you are on vacation or ill? _____

If you die are there arrangements in your will for the ongoing care of your dog (indicate Y/N) _____

Name of Veterinarian and address: _____

Phone Number of Veterinarian: _____

Personal/profession references:

Name: _____ **Number:** _____ **Relationship** _____

Name: _____ **Number:** _____ **Relationship** _____

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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