



Adoption/Host Application

Thank you for your interest. We are excited to help you find your new family member. Please take a moment to read through and complete the following information.

Animal(s) interested in: _____ Date: _____

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Preferred Phone: _____ Secondary Phone: _____

Email Address: _____

UPS strives to ensure that each person that adopts a pet is aware of, and willing to, accept the responsibility of pet ownership. Please understand that UPS accepts multiple applications for each animal and applicants must be 18 years of age. I have read and fully understand the adoption/application process. Initials: _____

Do you own or rent? (circle) OWN RENT | Apartment House Other

Please provide **NAME & NUMBER** of your landlord: _____

NAME & NUMBER of current and/or past Veterinarian: _____

Please list **ALL** animals that have lived in the household over the last **5 years** (Past and/or Current)

Name	Species/Breed	Sex	Age	Spayed/Neutered	Indoor/Outdoor	Where is the animal currently?

Please list **all** the people living in your household:

Name	Age	Relation

Personality

I am looking for a dog that will be/enjoy: *(Please check boxes)*

Energetic	Active	Playful	Relaxed	Being Alone	Being Around People	Taking Naps	Walks/Hiking	Snuggler	Home Body	Other

Environment

What is your household activity level? *(circle)* BUSY | MODERATE | RELAXED

What ages of visitors, visit your home? 0-3 | 3-9 | 10-17 | 18-29 | 30-59 | 60+

Do you have a fenced in yard? YES | NO If yes, what kind of fence? _____

If not, how will you contain your dog? _____

Routine

When it comes to living with dogs, I tend to be: *(circle)*

Easygoing *(little to no rules)*

Moderate *(not always follow the rules)*

Strict *(stick to the rules)*

How often are you planning to exercise your dog? _____

Where will your dog be kept when you are not at home? *(circle all that apply)*

CRATE | FREE ROAM | ALTERNATE ROOM | OTHER: _____

Where would your dog sleep at night? *(circle all that apply)*

CRATE | DOG BED | MY BED | SPARE BEDROOM | OTHER: _____

What would a typical day look like for your adoptive dog? *(Ex: exercise, feeding, time alone, etc.)*

Morning Routine: _____

Afternoon Routine: _____

Evening Routine: _____

Night Routine: _____

Sociability

My dog's sociability would need to be: *(Please check boxes to the following)*

	No Preference	Does not Apply to Me	Good Friendly	Neutral	Fair	Willing to Work On	Other
Dogs							
Cats							
Toddlers (0-5 years)							
Children Under 12							
Teenagers (12-18 years)							
Seniors (60+ years)							
Frequent Strangers/Visitors							
Strangers Outside of the Home							
Squirrel, Rabbit, etc.							

Training

What would you be willing to train/work on, with your adoptive dog? *(Please check boxes)*

House-breaking	Barking	Leash Pulling	Jumping	Guarding	Nervousness Around Strangers	Reactivity to Other Animals	Medical Special Needs	Anxiety	None

I would train my dog with: *(Please check boxes)*

Treats	Praise	Professional Trainer	Board & Train	E-Collar/ Prong	Daily Training	Weekly Training	Other

We require all adopters to participate in a follow-up training session. Initials _____

Do you understand bringing an adoptive pet home will take transition time & training? YES | NO

Will you commit to this transition/training and agree to follow UPS post adoption advice? YES | NO

Have you ever surrendered or given any animal away? YES | NO

If yes, please elaborate: _____

List at least one circumstance that would cause you to return your adopted dog to UCR: _____

If you are unable to, who will be responsible for the care of your animal? _____

Name: _____ Phone Number: _____

Upsydogsy reserves the right to contact the above person and verify this information

* By signing this application, you accept and understand that a representative from UCR has the right to do a home visit prior to adoption and as a follow-up after adoption.

* I certify I have read the above information carefully and that the information in the application is true. I understand that false information may result in denying or nullifying this adoption.

* I understand that if an omission or untruth is discovered after an adoption takes place, UCR can reclaim.

* I give the UPS permission to fully investigate the information provided.

* **I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animals, and other applications received on this animal.**

Applicant Signature: _____ **Print:** _____ **Date:** _____

FOR Upsydogsy Canine Rescue USE ONLY

Staff Application Check: Initials: _____

Adoption Counselor: _____

- Adoption Includes (*spay/neuter, vaccinations, microchip, behavioral help*)
- Problem Behaviors
- Behavior/Medical run down of animal
- We accept multiple applications
- Attempt to pair family needs with animal needs. (*energy level, kids, other pets*)

Notes:

Application Committee

- Landlord
- Veterinarian
- UPS
- Cat Test (In-Shelter)
- Dog to Dog
- Animal S/N & UTD

Notes: (*include dates & initials*)
