

## Throw a Dog a Bone Dog Rescue Adoption Application

Please complete and return to rescue@throwadogabone.org

NAME OF DOG YOU ARE APPLYING FOR	
Second choice if applicable:	
Contact Information	
Full name of adult(s) in the home:	
Occupation(s):	
Full Physical Address Where You Reside:	
Best Phone Number(s) to Reach You:	Best Time to Call:
Email address:	
Family & Housing	
How many adults are there in your family (and relationship to you)?	
Number of children and ages:	
What type of home do you live in? single family, town home, apartment, farm, etc.	
How long at this address?	
Own or Rent?	
	ne landlord's name and number. (By providing this information landlord. Please inform them of this call so they will speak with
Please describe your household mood, activity lev	rtc.:
Does anyone in the family have a known allergy to	gs/cats?
Is everyone in agreement with the decision to ado	dog/cat?
Do you have time to provide adequate love and at	on?
Do you have a fenced backyard? Is the fence stur	nd reliable?

## Other Pets What other pets do you currently have (specify type, number, and age please)? Are these pets up to date on vaccines and spayed/neutered? If you do not have current pets, have you owned a dog before? Please elaborate when in your life, type, etc. Have you ever surrendered a pet? If so, why? Have you ever had a pet euthanized? If so, why? Have you ever lost a pet to an accident? How do you discipline/correct your pets? Please circle/ indicate which of these are valid reasons to rehome/return a dog: Chewing; destructive; barking; aggressive with humans; aggressive with other dogs; digging; escaping the yard; biting; going potty in the house; owner is moving; other: Have you ever had to seek out training for an animal? How did that go? Are you willing to invest in training, doggy daycare, and a dog walker if ever necessary? If you are applying for a puppy, have you ever survived puppyhood before? About the Dog/Cat You Wish to Adopt Please describe what drew you to this particular animal and why you want this animal: What is your idea of an ideal dog/cat with respect to personality?

Desired Size:

Desired Age and Sex:

Breed you would <b>not</b> adopt & why?		
Are you willing to adopt an animal that may need training, medi-	cation, or grooming at	t some point?
Where will the dog spend the day? (describe)		
Where will the dog sleep? describe)		
Number of hours (average) dog will spend alone and where?		
Who will have primary responsibility for this dog's daily care?		
Who will have financial responsibility for this dog?		
Do you agree to provide regular health care by a licensed Veterinarian?	Yes	No
Do you agree to keep the dog as an indoor pet?	Yes	No
Do you agree to contact Throw a Dog a Bone Rescue if you can onger keep this dog?	n no Yes	No
	or previously seen.	
eterinarian: please provide info for your current veterinarian Clinic Name: Clinic Phone Number:	or previously seen.	
Clinic Name: Clinic Phone Number: (By providing Throw a Dog a Bone Rescue with this information	n you are allowing us t	to call your vet.
Clinic Name: Clinic Phone Number: (By providing Throw a Dog a Bone Rescue with this information Please call your vet and ask them to authorize the release of in	n you are allowing us t formation.)	lo call your vet.
Clinic Name:	n you are allowing us t formation.)	to call your vet.

Reference #1
Name, Phone Number

Relationship (relative, neighbor, friend)

Reference #2
Name, Phone Number

Relationship (relative, neighbor, friend)