

Glad To Be Saved Rescue

Email: GTBSRescue@gmail.com

Adoption

Date		Employment	
Name of the Rescue		Address	
Your Name			
Street		Telephone #	
City, State, Zip code			For Gtbs Rescue use only
Driver license		Hm CHK:	
Telephone # <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C		<input type="checkbox"/> Pending	
Telephone # <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C		<input type="checkbox"/> Complete	
Email Address			<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Please fill out the application for adoption as completely as possible. Make sure that if you rent to attach the part of the renter's contract that allows you to have a pet, If you live out of the county of San Diego please attach pictures of your home since our volunteers can't do a home inspection. **PLEASE BE ADVISED THAT FILLING OUT THIS APPLICATION IS NOT A GUARANTEE OF ADOPTION. WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION THAT WE FEEL WILL NOT SUIT THE RESCUE REQUIREMENTS.**

How did you hear about GTBSrescue?	
Is this your first time applying for adoption with GTBS rescue?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you live in a House, Apartment, Boat, Dorm, Condo, Other?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
*As a renter, I have permission from the property management to have a dog:	<input type="checkbox"/> YES <input type="checkbox"/> NO
*I will provide a copy of my lease/rental agreement at the time of the adoption:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Property Management Name and Telephone Number:	
Do You have a fenced yard?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What type of fence do you have?	
How tall is your fenced?(at the lowest point)	
Do You have a pool?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, is your pool fenced?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you share your yard with anyone?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many adults/Children in the house?	Adult: Children:
Please provide ages of each household members:	

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Does anyone in your household smoke?	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain:
Is Anyone in your household Allergic to pets?	<input type="checkbox"/> YES <input type="checkbox"/> No Explain:
Do you have pets now? What kind?	<input type="checkbox"/> YES <input type="checkbox"/> No Explain:
Please provide breed, sex, ages:	
Do you understand that bringing a new dog can cause dog cold virus?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are your Pets Spayed/Neutered (if no explain)?	<input type="checkbox"/> YES <input type="checkbox"/> No Explain:
Have you ever had a dog before? If yes, for how long?	<input type="checkbox"/> YES <input type="checkbox"/> No Explain:
If you no longer have, what happened to him/her?	
Do you think it's necessary for your dog to wear a tag?(if no,Explain)	<input type="checkbox"/> YES <input type="checkbox"/> No Explain:
Have you ever lost a dog?	<input type="checkbox"/> YES <input type="checkbox"/> No Explain:
If your dog got lost, Which of the following will you do? (check all that apply)	<input type="checkbox"/> Check Shelters <input type="checkbox"/> Put ads in newspaper <input type="checkbox"/> Flyers <input type="checkbox"/> Wait to see if He/She comes back
Will your dog be indoor only,outdoor only, or both?	<input type="checkbox"/> indoor <input type="checkbox"/> outside <input type="checkbox"/> both
What percentage of time will the dog be Outside? Inside?	Outside%: Inside%:
Do you have a doggy door?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, will you install one?	
Which rooms in your house are off limits to your dog? Cat?	
Is the pet allowed on the furniture?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
When your not home, Where will your pet be?	
Is anyone home during the day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many hours will the rescue be alone on average?	
Does any one come into your property while you are not there?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes explain: (i.e. Gardener, pool cleaner, house keeper,etc)	
Where will your rescue be during those times?	
Where will your rescue Sleep (please be specific)?	
What brand of food will you be feeding your pet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How often?	
What brand of treats, if any will you feed your pet?	
How often?	

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When you go on Vacation, Who will care for your pet?	<input type="checkbox"/> House/Pet sitter <input type="checkbox"/> Vet/boarding kennel <input type="checkbox"/> Friend <input type="checkbox"/> Other:
In the past have you ever been forced to give up your pet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Why did you?	<input type="checkbox"/> Gave to friend/relative <input type="checkbox"/> Took to shelter <input type="checkbox"/> Gave for Adoption <input type="checkbox"/> found pet a new home <input type="checkbox"/> Other
What will you do if you can no longer keep you pet?	
Which of the following will you use for flea control? (Check all that apply)	<input type="checkbox"/> Flea sprays <input type="checkbox"/> Flea bath <input type="checkbox"/> Flea collar <input type="checkbox"/> Bravecto/Advantage <input type="checkbox"/> herbal flea collar <input type="checkbox"/> Flea busters <input type="checkbox"/> Vet recommendations <input type="checkbox"/> Program <input type="checkbox"/> other:
What will you do if your pet gets sick?	
Do you know how much vet care costs?	
Are you prepared to spend the money, if needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a limit(if yes explain)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have one, current Veterinarian name and telephone number:	
How will you get your pet to do what you want him/her to do?	
Have you ever trained a dog in obedience class?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you still use the same training methods?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What will you do if your dog chews/destroys a non-dog item?	
Under what circumstances will you give up your pet? (Check all that apply)	<input type="checkbox"/> Allergies <input type="checkbox"/> Excessive Barking/whining <input type="checkbox"/> digs in yard <input type="checkbox"/> too expensive <input type="checkbox"/> bite/nips <input type="checkbox"/> bladder control loss <input type="checkbox"/> chronic illness <input type="checkbox"/> did not turn out how you expected <input type="checkbox"/> other:
If the pet were to do one of this behavior issues (i.e. nipping, biting,barking,digging, etc) are you willing to consult a professional trainer to try to rectify the situation before giving the dog up? If no, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
A pet requires a lot of human attention. Are you prepared and committed to spend a lot of time with your new pet for the rest of it's life? (15+years)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I _____(PRINT NAME) Hereby recognize and verify that all above information is true and accurate to the best of my knowledge, and that I have not intentionally withheld or omitted any other information.	Signed: