



**ADOPTION/FOSTER/VOLUNTEER APPLICATION
(PLEASE PRINT)**

Please complete each section that applies.

PERSONAL INFORMATION (REQUIRED)

Your Full Name: _____ Date: _____

Preferred Contact: Home ____ Work ____ Cell Phone ____ Email ____

Why a Scottie?

Your Email: _____ Fax: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ City: _____

County: _____ State: ____ Zip: _____

How long at this address? _____

PLEASE COMPLETE THIS SECTION FOR ADOPTION/FOSTER AND FOSTER TO ADOPT REQUESTS

_____ **I am only interested in adoption.**

_____ **I am interested in only fostering.**

_____ **I am interested in fostering to adopt.**

Provide us information about the type of Scottie you are willing to accept for adoption/fostering or fostering to adopt:

Male ____ Female ____ Either ____

Have you ever owned Scotties before? Pet ____ Show ____ Rescue ____ No ____

Tell us about your previous Scotties, including any you own now. If you've never owned a Scottie, why are you attracted to a Rescue Scottie?

Would you consider adopting a Scottie mix? Yes ____ No ____

Would you be interested in adopting 2 Scotties that cannot be separated? Yes ____ No ____

Would you consider adopting:

An older Scottie (over 8 years old) Yes ____ No ____

A terminally ill dog Yes ____ No ____

A Scottie who has special needs such as blindness, deafness, a medical condition such as Cushing's that may require daily attention, one leg missing, etc? Yes ____ No ____

If you answered yes to any of the above, please provide more information about your previous experience and willingness:

Some Scotties are larger and may weigh 30 lbs or more. Is a Scotties weight or size a consideration for you? Yes ____ No ____

Do you live in a? House ____ Apartment ____ Other ____

Do you rent or own? Rent ____ Own ____

Do you have a securely fenced yard? Yes ____ No ____

If yes, describe fence type, size, etc:

If you do not have a fences yard, how do you plan to exercise your Scottie? _____

If you will be leash walking are you comfortable with handling a stronger Scottie that may pull on the leash? Yes _____ No _____

Is there a pool or other open body of water on your property (Scotties can't swim)? Yes ____ No ____

If yes, describe it and how it is fenced so the Scottie cannot get to it:

Indicate the age of the primary caregiver:

Under 21 ____ 21-25 ____ 26-55 ____ 55-75 ____ Over 75 ____

Do you have minor children living at home? Yes ____ No ____ If so, list ages: _____

Will this dog come into frequent contact with children: Yes ____ No ____ If so, list ages: _____

Where will this dog stay during the day? _____

Where will this dog be kept at night? _____

How many hours per day will the dog be alone? _____

Who cares for your pets while you are on vacation? _____

What other pets do you have? Include type, breed, sex, age, if spayed/neutered:

Other pets you USED to own. What happened to them?

Have you ever surrendered pets to rescue or the shelter: Yes ____ No ____

If yes, please explain:

Vets name, address & phone (for reference):

List two personal references (include name, address & phone number):

If you are making this application on behalf of someone else, please explain the circumstances:

VOLUNTEER APPLICATION

If you are interested in volunteering please indicate with a check mark how you would like to help.

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Outreach(vets, shelters, rescues etc) |
| <input type="checkbox"/> Shelter Pulls | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Home Visits | <input type="checkbox"/> Grooming | |
| <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Website | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Facebook | |

I affirm that all the information contained on this application form is true and correct.

I have discussed this plan with other family members and we all understand the time, energy and financial obligations involved with the decision to adopt a Rescue Scottie

I also understand that I may be asked to make a donation and/or pay an adoption fee to help defray medical and other expenses associated with running the rescue program.

I affirm that this information is correct and agree you may contact my references: _____

Signature: _____