



3902 Wren Lane, Rolling Meadows, IL., 60008

(847) 845-7809

Dog Adoption Application

Name1: _____

Name2: _____

Address: _____

City: _____

State: _____

Zip: _____

Length of time at the present address: _____

Work Phone#: _____

Home Phone#: _____

Mobile/Cellular/Pager #: _____

E-Mail Address: _____

Employer: _____

Phone # _____

When were you hoping to adopt? _____

Type of companion animal you are looking for:

Names of specific animal(s) you may be interested in:

Characteristics most important to you:

Good with all dogs: _____

Energetic: _____

Housebroken: _____

Mellow: _____

Good with children: _____

Good with some dogs: _____

Good with cats: _____

other characters: _____

Size of the pet: _____

Number of people in the household: _____

Adults _____

Children _____

Their age _____

Why are you interested in adopting a pet?

Is this your first companion animal? _____

Do you currently have other companion animals: _____

Please list all your companion animals, past and present:

Pet Name: _____

Age: _____

Breed _____ **Weight:** _____

Gender: _____ **Spayed/Neutered:** _____

Vaccinations _____

Where are the Animals now: _____

Pet Name: _____

Age: _____

Breed _____ **Weight:** _____

Gender: _____ **Spayed/Neutered:** _____

Vaccinations _____

Where are the Animals now: _____

Pet Name: _____

Age: _____

Breed _____ **Weight:** _____

Gender: _____ **Spayed/Neutered:** _____

Vaccinations _____

Where are the Animals now: _____

Have you ever applied to other rescues before? _____

Name of Shelter and the dates:

How do you plan to introduce your companion animal to other animals and/or people in the household? _____

Are you prepared to spend several weeks or, perhaps months, waiting for your new companion animal to adjust to their new environment? And for you to adjust to this animal? _____

Who is or will be your Veterinarian? Please list name, address, and phone number:

How much money do you anticipate on spending on your new companion animal's annual doctor visits?

What is the longest period of time you would leave your companion animal unattended outside:

Do you have any of the following:

A completely fenced backyard: _____

Height of the fence: _____

Outside run: _____

Dog house: _____

Training crate: _____

Basement: _____

Garage: _____

Doggie door: _____

Balcony: _____

Where will your pet be kept during the day?

Where will your pet be kept at night?

What is the most amount of hours the animal will be left alone?

What are your beliefs regarding obedience training?

Who will be primarily responsible for feeding/caring for your new pet?

What happens if you move from your present address?

Do you rent or own her own home? _____

If you rent, please provide your Landlord's name & phone number (or a copy of your lease)

How did you hear about Foster 2 Home?

Have you ever turned an animal into a shelter?

If yes, what were the circumstances?

Which, if any, of the following behaviors/situations present a problem for you? How would you handle the following:
Jumping on furniture/counters/tables?

Destroying/scratching the furniture?

Chewing?

Barking?

Urinates/defecates where it is not acceptable?

Keeps you awake at night?

Sheds excessive hair?

Ruins your favorite article of clothing?

Biting/play biting?

Allergies that a current household member may develop to your new companion animal?

Medical expenses (emergencies and diagnosis of a medical condition)?

Moving?

When home alone, where would the dog will be?

How will you exercise the dog?

PLEASE NO RELATIVES...

Reference name: _____

Address: _____

Phone # _____

Relationship _____

Reference name: _____

Address: _____

Phone # _____

Relationship _____

Signature: _____

Date: _____

Volunteer Signature: _____

Date: _____