

ADOPTION or FOSTER APPLICATION

All potential adopters and foster homes are screened for suitable placement of animals. We reserve the right to refuse placement of an animal for any reason and we reserve the right not to disclose a reason for denial.

REQUIREMENTS/QUALIFICATIONS:

- *You must be 21 years of age or older and have identification showing your present address.
- *You must have the consent of all adults living in the household.
- *You must have the consent of your landlord if you rent your residence and proof of pet deposit.
- *Your pets must have current vaccinations.
- *You must agree that any damage done to your home by the pet is NOT our responsibility.

ADOPTION / FOSTER INFORMATION

NAME _____ HOME PHONE# _____

ADDRESS _____ APT# _____

City/State _____ ZIP _____ EMAIL _____

Cell Phone # _____ WORK PHONE # _____

Do you own your home? _____ or Rent _____ Or live with parents? _____ Military housing? _____
Type of home? House _____ Apartment _____ Condo _____ Townhouse _____ Duplex _____ Mobile Home _____

EMPLOYER _____

EMPLOYER ADDRESS _____

This pet will be kept:

Totally Inside _____ Mostly Inside _____ Most Outside _____ Totally Outside _____

Number of adults in household: _____ Number of children in household: _____ Ages _____

Do all adults in household consent to adoption of this pet Yes/No

Are you a student? Full-time _____ part-time _____ Do you travel frequently? _____

Does anyone living in your household have any known allergies to:

Cats _____ Dogs _____ Other animals? _____

Do you have an enclosed fenced yard attached to your home? _____

Type of fence: _____ Height : _____ ft.

Size of fenced area? Large _____ Medium _____ Small _____

How long at current address? _____ yrs _____ mos.

Do you plan to move in the next 12 months? _____

Time away from home: Home all day _____ out part-time _____ away 7-10 hours daily _____ other _____

Where will this pet stay while you are gone during the day? _____

Do you travel with your job? _____ How often do you travel (pleasure/business)? _____

Where will the pet stay when you travel? **Answer required** _____

Where will this pet sleep at night? _____

Are you willing to purchase a crate if needed? _____ Do you have a pet door? _____

Are you planning to enroll your pet in a professional training program? _____
Are you willing to take this pet to obedience class and/or commit to professional training IF NECESSARY for your new companion? _____

Do you plan to walk your dog off leash? _____ and if so when/where? _____

Do you plan to visit off leash dog parks with your dog? _____

Renter info: Does your landlord allow pets? _____ Is a pet deposit required? _____ How much? _____
Is there a breed restriction? _____ Is there a weight/size limit? _____ size
Name/# of apartment complex /landlord phone# _____

Do you give us permission to verify the pet policies and deposits with your landlord? _____ -

If you are applying to foster please complete this area also-----

Are you willing to foster until the dog is adopted? (average is 3 weeks to 3 months but can be longer _____)

What is the maximum length of time you would be willing to foster a particular dog? _____

If you are applying to foster, would you be willing to foster a non-dog friendly dog and keep your current pets separated by use of a crate and rotating house/yard time with their pets and the foster dog? _____

PET OWNERSHIP HISTORY

Why do you want to adopt? _____

Where did you see this Dog? _____

Have you ever adopted an animal before? _____ If yes, from who _____

Have you ever given up an animal for **any** reason? or had it euthanized for any reason other than a terminal illness? _____ If yes, please explain? _____

Are you getting this animal for yourself? _____ or as a gift _____ for _____

Please tell us what behaviors you are *unwilling or unable* to work through (after initial adjustment and training period attempted, highlight the ones applicable) digging chewing barking jumping eliminating in the house thunderstorm/separation anxiety Other _____
Are you willing to call us for advice and work with a trainer on any of these issues if a problem persists? _____

Who will be primary caregiver? _____ What type of food do you feed? _____

Do you want your pet spayed/neutered? _____ Do you plan to chain your pet in the yard? _____

Can you keep your new pet away from your other pets in the house for at least one week when you are unable to monitor their interaction? Yes/No

Total number of pets currently owned: _____Dogs _____Cats

Number of pets NOT currently owned but owned within the last 10 years
_____Dogs _____Cats _____others Specify what happened to them _____

Are all the pets in your household current on shots? Yes/No

Please explain what you believe causes heartworm disease? _____ Please explain what you believe is the cost and risk of treating heartworm disease? _____
On heartworm preventative? Yes/No What kind? _____ Given on what day _____ Where do you purchase your heartworm preventative? Vet _____ Other _____

What do you use for flea/tick prevention? _____

Do you know the risk of an expired rabies vaccination? Please explain: _____

Name and Address of your **Veterinarian** _____ **Phone #** _____

List 2 additional references name and phone:

Do you give us permission to call your veterinarian, other references and do a home check prior to adoption? Yes/No

**Please list all pets currently owned or owned in the past:
Include ALL pets currently in household or on premises.**

Cat__ DOG__ Name: _____ Breed _____ M/F Age ____ owned how long? _____
Owned now? ____ If no: why not? _____ Altered? ____ if no, why not _____
Kept: Mostly inside _____ Mostly outside _____ Totally outside _____ Declawed? ____

Cat__ DOG__ Name: _____ Breed _____ M/F Age ____ owned how long? _____
Owned now? ____ If no: why not? _____ Altered? ____ if no, why not _____
Kept: Mostly inside _____ Mostly outside _____ Totally outside _____ Declawed? ____

Cat__ DOG__ Name: _____ Breed _____ M/F Age ____ owned how long? _____
Owned now? ____ If no: why not? _____ Altered? ____ if no, why not _____
Kept: Mostly inside _____ Mostly outside _____ Totally outside _____ Declawed? ____

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Owned now? ____ If no: why not? _____ Altered? ____ if no, why not _____
Kept: Mostly inside _____ Mostly outside _____ Totally outside _____ Declawed? ____

Do you agree to abide by our guidelines and to return the pet to us if you cannot keep it; and to notify us if the pet is lost or dies? _____

I understand if the information provided on this application is incorrect or untrue, I will surrender this pet upon demand of and to Dr. Dolittle Rescue. I agree to allow a representative to inspect my home and yard and if any violations of the contract are in evidence, I agree to allow a representative of Dr. Dolittle Rescue to remove the animal from the premises and this entry shall not constitute trespass. I certify that all the information in this application is correct and complete to the best of my knowledge.

Signature_-----

Date:_____

Dr. Dolittle Rescue (956) 279-1044 or ddadoption@gmail.com