

FOOTHILL DOG RESCUE (FDR) OF THE SIERRAS

Dog Adoption Application

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the FDR Dog Adoption Program.

PERSONAL INFORMATION (Please print):

Name: _____ Age: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

California drivers license or Identification card number: _____

How did you hear about us? _____

Why do you want to adopt a dog now? _____

Is everyone in the home in agreement with the decision to adopt a dog now? _____

What type of dog are you looking for? Age? _____ Size? _____ Type of Coat? _____ Sex? _____

Activity level? ___ Low ___ Medium ___ High Breed? _____

Have you owned this type of dog before? ___ Yes ___ No

Is it *necessary* that the dog already have training? ___ Houstrained ___ Basic obedience ___ Other _____

HOUSEHOLD INFORMATION:

How many people are in your household? _____

Adults over the age of 21 (including self): _____ Ages: _____

Children (under 21): _____ Ages: _____

Does anyone in the household have allergies to dogs? Yes No

If yes, who? _____

Do you live in: ___ HOUSE ___ APARTMENT ___ CONDO ___ DUPLEX ___ MOBILE HOME

___ TOWNHOME ___ OTHER (please explain) _____

Do you: ___ OWN ___ RENT ___ LEASE ___ LIVE WITH PARENTS ___ MILITARY

How long have you been at this address? _____

If renting/leasing, are there pet restrictions? ___ YES ___ NO

If yes, what are they? _____

Landlord's name _____ Landlord's phone _____

If renting or leasing, we may contact your landlord to ask if owning animals in your home is acceptable. You may not be able to adopt until we receive positive confirmation.

Please list all of your current pets:

Dog/ Cat	Breed	Name	Age	M/F	Altered?	How long owned?	Kept inside, outside, or both?

Please use the back of the application if you run out of space. We recommend all animals in your home be up to date on vaccinations. If you have any concerns, please discuss the idea of adopting animals with your veterinarian.

Who will be the primary caretaker of your adopted dog(s)? _____

Describe the time the caretaker usually spends away from home:

- Home all day
- Out part-time
- Away 7-10 hours daily

Where will the dog stay during the day? _____ **At night?** _____

When the caretaker is not home? _____

Describe your yard:

- No yard
- Unfenced yard
- Partially fenced yard
- Completely fenced yard

Height of fence: _____ Made of? Wood Chain link Brick Other _____

If you don't have a fenced in yard, do you agree to keep your adopted dog **on leash at all times when outside?** Yes No

Who will have financial responsibility for this dog? _____

How would you describe your level of experience with dogs? *check all that apply*

- Never had a dog
- Had childhood pet dog
- Had one or more as an adult
- Have experience with powerful breeds
- Have experience working with on-going medical problems with a personal dog
- Have experience working at a boarding kennel/resort/pet sitting service etc.,
- Have experience working with behavioral problems with a personal dog
- Have experience working in a veterinary hospital
- Am a professional dog trainer
- Have previous foster/rescue experience, if yes, please describe:

Are you willing to train your adopted dog? What type of behaviors do you know how to teach (e.g., housetraining, basic commands, leash skills, etc.)?

*FDR can provide information of training resources in the area, please ask our representative.

How would you describe your/your family members' overall activity level (e.g., active, noisy, quiet, sedentary)? _____

How will the dog be exercised? _____

Do you agree to provide regular health care by a licensed Veterinarian? ___ Yes ___ No

Please provide the name and phone of your current Vet: _____

Please provide the name and phone number of at least one reference that FDR may contact, preferably as many as three, who is familiar with you as a pet owner:

Will you consent to FDR conducting a visit to your home prior to the approval and/or finalization of any dog adoption if FDR determines it is appropriate? Yes _____ No _____

Do you agree to contact FDR if you can no longer keep this dog? ___ Yes ___ No

I certify that the information I have provided above is true and correct to the best of my knowledge. I hereby grant FDR permission to contact my veterinarian and the references provided to obtain information relevant to the adoption of a dog from FDR. I understand that a fee will be required before any animal is placed by FDR in my home. I understand that FDR is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a trial adoption and/or adoption placement, and I assume liability to provide adequate controls to prevent any such damage and injury. I certify that this dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, leadership, and a minimum of an annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

Signature

Date

Return application to: Foothill Dog Rescue of the Sierras 4131 S. Shingle Rd, Suite 14 Shingle Springs, CA 95682 (530) 676-DOGS
