

FOOTHILL DOG RESCUE of the SIERRAS

Dog Adoption Application

Name of the dog you are applying for

Date

Your Contact Information

First Name

Last Name

Age

Street Address

City

State

Zip

E-mail Address

Home Phone

Work Phone

Cell Phone

How long have you lived at this address?

Why do you want to adopt a dog now?

How did you hear about us?

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 |
|---|--------|-----------------|---|----------------|
| | Small | | Male | Low |
| | Medium | | Female | Med |
| | Large | | | High |
| Breed | | | Have you owned this type of dog before? | |
| | | | Yes | |
| | | | No | |
| Is it necessary that the dog already have training? | | | | |
| Housetrained | | Basic Obedience | Crate | |
| Other | | | | |

Household Information

| | | |
|--|-----------------------------|---------------------|
| How many people are in your household? | Adults (over the age of 18) | Children (under 18) |
|--|-----------------------------|---------------------|

| | |
|--|--------------|
| Does anyone in the household have allergies to dogs? | If yes, who? |
| Yes | |
| No | |

Do you live in:

| | | | |
|-------------|-----------|-------|--------|
| House | Apartment | Condo | Duplex |
| Mobile Home | Townhome | | |
| Other | | | |

Do you:

| | | |
|-------------------|----------|-------|
| Own | Rent | Lease |
| Live with parents | Military | |
| Other | | |

If renting/leasing, are there pet restrictions?

If yes, what are they?

Yes No

Landlord's Name

Landlord's Phone

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

Please list all of your current pets:

| Type | Breed | Age | Sex | Altered |
|------|-------|-----|-----|---------|
| Dog | | | M | Yes |
| Cat | | | F | No |

How long owned?

Kept

Inside Outside

Both

| Type | Breed | Age | Sex | Altered |
|------|-------|-----|-----|---------|
| Dog | | | M | Yes |
| Cat | | | F | No |

How long Owned?

Kept

Inside Outside

Both

Please use this box to describe additional pets

Do you have livestock or pets other than dogs or cats?

Horse Rabbit Birds Llama
Other

Care Information

| | |
|---|--|
| Who will be the primary caretaker of your adopted dog(s)? | Time caretaker 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? |
| Where will the dog stay when the caretaker is not home? | Who will have financial responsibility for this dog? |

Describe your yard

No yard

Unfenced yard

Partially fenced yard

Completely fenced yard

Height of fence

Fence made of

Wood

Chain link

Brick

Other

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

Never had a dog

Had a childhood 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

I am a professional dog trainer

Have previous foster/rescue experience

Are you willing to train your adopted dog?

Yes No

What type of behaviors do you know how to teach?

Housetraining Basic commands Leash skills
Other

How would you describe your/your family members' overall activity level? *(check all that apply)*

Active Noisy Quiet Sedentary
Other

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, who is familiar with you as a pet owner:

Will you consent to FDR conducting a scheduled visit to your home, prior to the approval and/or finalization of the 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 reference 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 animal(s), 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.

I agree to the provisions described above

Yes No

Signed (name)

Date