# **Adoption Application**

Before we introduce you to one of our dogs, we need to review your application to make sure the dog will fit your home, lifestyle, and expectations. Please answer in as much detail as possible, and return this application via email to forgotten.dogs.rescue@gmail.com.

# Date Submitted:

I am interested in adopting:

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| How did you hear about this dog?  |  |
| Why do you want to adopt a rescue dog?  |  |
| What appeals to you about this particular dog?  |  |
| Why do you believe you are a good candidate to adopt a rescue dog?  |  |
| What are the most important characteristics you are looking for, in choosing your ideal dog?  |  |
| Have you considered all the costs involved in owning a dog? (Vet care, including regular check-ups, dentals, shots and emergency care; quality food; fencing, liability insurance, rental deposits, training, etc) |  |
| Are you financially capable of providing for this dog’s nutritional, healthcare and other needs? |  |

**Personal information**

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| --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | Email |  |
| Physical address |  |  |  |  |
| Number & Street | City | State | Zip Code |
| Phone numbers |  |  |  |
| Home | Cell | Work |
| What is a good time for us to contact you? (Indicate preferred phone number) |  |
| Are you employed? |  | Employer |  | Position |  |
| If you are not the primary income earner in your household, who is? |  | Relationship |  |
| Primary income earner’s employer |  | Position |  |

Other people, including children, in your household (provide contact numbers of all independent adults who share your home):

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| --- | --- | --- | --- |
| Name | Age | Relationship | Contact Number |
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| Do you plan to have children in the next few years? If so, will this affect your desire or ability to have a dog?  |  |
| Are all the people living in your household in favor of adopting a rescue dog?  |  |
| Is anyone in your household allergic to animals, or does anyone suffer from any chronic condition or disability that could affect their ability to live with a dog? If yes, explain how you plan to deal with this.  |  |
| Is anyone in your household afraid of or unaccustomed to dogs? If yes, explain how you plan to deal with this.  |  |
| What role will other household members have in training, disciplining, playing with, or caring for the dog?  |  |

**Living environment**

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| Are you willing to allow us to visit your home to verify that you can offer a safe, happy living environment for this dog? |  |
| Who will be the dog’s primary caregiver?  |  |
| Do you plan to use a doggy daycare, dog-walking or pet-sitting service?  |  |

What is your residence? (Please make a mark on the line)

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| Condo\_\_\_ | House\_\_\_ | Duplex\_\_\_ | Apartment\_\_\_ | Trailer\_\_\_ | Other (explain):  |

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| Do you rent or own your home?  |  |
| If you rent, do you have the landlord’s permission to keep a dog? (**Please provide landlord’s name and phone number**)  |  |
| If you rent or are part of an association, are there any size limits or limit to the total number of pets allowed? Are there any breed restrictions? |  |
| How long have you lived at your current address?  |  |
| Do you plan to move in the foreseeable future?  |  |
| About how large is your yard (area that the dog will have access to)? |  |
| Is it fully fenced? If yes, please describe the fence (type, height, etc). If no, are you willing to fence it prior to adopting a dog? |  |
| If you cannot provide a fenced yard, how do you plan to ensure that the dog receives safe and adequate exercise?  |  |
| Do you have a pool? If yes, what is in place to protect the dog from drowning?  |  |
| How many consecutive hours a day are you usually away from home for work, school, or other regular activities?  |  |
| Where will the dog be if you are gone for more than four consecutive hours?  |  |
| How many total hours per day will the dog typically be left alone? |  |
| How much time do you expect to spend daily in the company of your dog… On a typical working day? On a typical non-working day?  |  |
| Where will the dog sleep?  |  |
| Where will the dog spend most of the day?  |  |
| If the dog will be outside while you are gone, will it have a doghouse or other shelter?  |  |
| Do you plan to use a crate?  |  |
| Do you plan to use a run or outdoor kennel?  |  |
| Do you plan to tie the dog up outside?  |  |
| Will the dog have yard access through a dog door?  |  |

**Preferences and needs affecting choice of dog**

We would like to know what you are looking for in a dog. Please complete this section as though the dog you have requested is not available. (Mark all that apply.)

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| Would you be willing to consider a different dog if this one is not available?  |  |
| What breed/s do you prefer, and why do you want a dog of this breed?  |  |

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| Please indicate the physical characteristics of your ideal dog: |
| Age | Puppy(<8 mo)\_\_\_ | Adolescent(8-18 mos)\_\_\_ | Young adult (1.5-4 year)\_\_\_ | Adult(4-8 years)\_\_\_ | Senior(9+ years)\_\_\_ | No preference \_\_\_ |
| Sex | Male\_\_\_ | Female\_\_\_ | No preference\_\_\_ |
| Size | Toy (<9 lb)\_\_\_ | Small (9-20 lb)\_\_\_ | Medium (21-45 lb) \_\_\_ | Large (46-80 lb) \_\_\_ | Moose (>80 lb) \_\_\_ |
| Coat | Long\_\_\_ | Medium\_\_\_ | Short\_\_\_ | Hypo-allergenic\_\_\_ | No preference\_\_\_ |
| Are any of these physical characteristics especially important to you? Why?  |

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| Please describe what you hope to receive from your ideal dog. |
| Role of dog in your life | Companionship\_\_\_ | Company for other dog\_\_\_ | Protection\_\_\_ | Playmate for children\_\_\_ |
| Hunting\_\_\_ | Therapy dog (explain): | Other (explain):  |
| What activities do you plan to share with your dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dog’s energy level  | Couch potato\_\_\_ | Casual walks and play\_\_\_ | Regular long walks and hikes\_\_\_ |
| Jogging / running\_\_\_ | High-level dog sports\_\_\_ | Other (explain): |
| Level of social activity  | Behave well around visitors \_\_\_ | Visit friends’ homes\_\_\_ | Little social interaction likely\_\_\_ |
| Visit public areas where there are dogs\_\_\_ | Other (explain): |

Would you consider a special needs rescue dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, what challenges would you be willing to accept?

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| Behavioral \_\_\_ | On medication\_\_\_ | Lame/amputee\_\_\_ | Blind/deaf\_\_\_ | Special diet\_\_\_ | Other (explain): |

**Pet ownership history**

We want to ensure that a dog we place with you will be able to cohabit peacefully with other animals in your home. We would also like to know what kind of home you offer your current and previous pets.

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| List pets that you have owned **in the past**. (Include recent family pets if you are a young adult living in your first home, or if this is the first pet you are adopting.) |
| Name | Species/breed | How long did you own? | What happened to the pet? |
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| List pets that you **currently have in your home**.  |
| Name | Owner | Species/breed | Age | How long owned? | Alpha/beta | Sex | Spayed/ Neutered | Used to dogs? |
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| Do you keep any large or small livestock, or horses? If yes, please describe.  |  |
| Will your dog interact with or have access to these animals? If yes, please describe.  |  |
| If you have unaltered dogs or cats, please explain why they have not been spayed or neutered.  |  |
| What do you feed your dogs? (Type and brands of regular meals, and typical treats) If no current pets, what do you plan to feed future dog? |  |
| Where do your current dogs sleep?  |  |
| Where are your current dogs during the day?  |  |

**Dog-related knowledge and opinions**

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| What behavior do you expect from this dog when it first comes to live in your home?  |  |
| Do you plan to train your dog? If yes, describe your plan (e.g., training school or other? Level of training you hope to achieve?) How much time do you expect to spend actively training your dog?  |  |
| What are your opinions about disciplining a dog?  |  |
| Dogs under stress (e.g., on being introduced to a new environment) may mark territory by urinating indoors. How do you plan to deal with this?  |  |
| Some rescue dogs, especially puppies or adults that have spent a long time kenneled, may not be fully house-trained. How do you plan to deal with this?  |  |
| A rescue dog’s behavior during when it first comes to your home may be negatively affected by its past experiences. (E.g., it may be fearful, lack trust, be disobedient, growl or snap, display anxiety, be needy, be afraid of being alone.) How do you plan to deal with this?  |  |
| Most dogs shed 365 days a year. How do you plan to deal with this? |  |
| Some breeds need regular grooming, and many dogs will roll as often as they can in things that make them smell disgusting. How do you plan to deal with this?  |  |
| Most of the dogs we place are in good health, but some have special healthcare needs. We give adopters full details about such needs and access to vet records, before the adoption. If your rescue dog needs immediate dental or medical care, are you willing to provide this?  |  |
| Are you willing to keep your dog up to date on vaccinations for, at minimum, Rabies, Distemper, Parvovirus, and Bordetella, and protect against heartworm and other parasites as needed?  |  |
| Are you willing to provide regular vet check-ups for the rest of the dog’s life, plus medical care as needed?  |  |
| Are you willing to provide regular dental care?  |  |
| Some dogs live up to 18 years. Are you willing to care for it that long?  |  |

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| If the dog develops an expensive or time-consuming health problem, what will you do? |
| Find it another home\_\_\_ | Pay whatever it takes\_\_\_ | Euthanize\_\_\_ | Take it to the pound\_\_\_ | Decide based on prognosis and affordability\_\_\_ | Other (explain):  |
| Sometimes unforeseen circumstances arise. If you can no longer keep your dog, what will you do? |
| Find it another home\_\_\_ | Surrender to a private rescue\_\_\_ | Euthanize\_\_\_ | Take it to the pound\_\_\_ | Other (explain): |
| Under what circumstances would you give up a dog that has lived with you more than two months? |
| Divorce / relationship breakdown\_\_\_ | Digging / destruction of property\_\_\_ | Personal or family health problems\_\_\_ | Children lose interest\_\_\_ | Moving to different house / city / state\_\_\_ | Shedding / needs too much grooming\_\_\_ |
| Partner dislikes dog\_\_\_ | Neighbor complaints\_\_\_ | Barking\_\_\_ | Escaping from property / run\_\_\_ | New baby\_\_\_ | Difficult to train\_\_\_ |
| Housebreaking problems\_\_\_ | No time to care for dog\_\_\_ | Allergies\_\_\_ | None\_\_\_ | Other (explain): |

**Questions for cat owners**

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| Have your cats been declawed? If yes, why were they declawed?  |  |
| Are your cats accustomed to living with dogs?  |  |
| How do you plan to introduce your cats to the dog?  |  |
| Cats can take a long time to accept a new canine family member, and sometimes they will react to a new dog by hiding, urinating in the house, acting scared, refusing to come in out of the rain, or a variety of other disturbing behaviors. How long are you willing to let your cats be angry and upset before you give up and return the dog? |  |
| Dogs that have been evaluated as safe with cats could chase cats that run from them. What will you do if the dog chases your cats, gets into their space, or annoys them in some other way? |  |

**References**

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| Please provide details about the vet you currently use and/or that you plan to use. If you have recently changed vets, please also provide information about the vet you used previously, and please provide details of any other vet your animals have gone to (including low cost vaccine clinics) |
| Vet and practice name | Address (Number & Street, City, State) | Phone number | How long have they been your vet? |
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| Does your regular vet vaccinate your pets? \_\_\_\_\_\_\_\_If not, where do you have them vaccinated?  |
| Please provide at least three references who can attest to your suitability as a pet owner. **We recommend that you provide more than three references as delays in contacting references are the greatest reason for delay in processing most adoption applications.** References must be adults, and not more than one reference may be a close family member or a person living in your household. |
| Name | City and state where they live | Phone number  | Relationship |
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| Optional reference |  |  |  |
| Optional reference |  |  |  |
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