



## DOG ADOPTION APPLICATION

**Dog Chosen:** 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

### Adopter's General Information:

Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Previous Name(s) if applicable \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Birth Date (00/00/00) \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name/ How long employed there \_\_\_\_\_

### Property Information:

House  Duplex  Apartment  Condo  Mobile Home

I own  I rent\*  I live with a parent/ guardian

How long have you lived at this address? \_\_\_\_\_

\*\*If you rent, name of landlord/condominium manager: \_\_\_\_\_

\*\*Landlord phone: \_\_\_\_\_ \*\*Landlord E-mail: \_\_\_\_\_

Spouse/Roommate/Partner's Legal Name & Date of Birth: \_\_\_\_\_

Previous Name(s) if applicable: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name/ How long employed there \_\_\_\_\_

Names and ages of children (if applicable): \_\_\_\_\_

Does anyone in your home have allergies?  Yes  No

If yes, who and type of allergy: \_\_\_\_\_

**Who is the dog for?**  Myself  My family  My children  Relative  Friend

**Dog will be kept:**  Indoors  Outdoors  Both indoors and outdoors

**Do you have a fenced yard or an indoor/outdoor kennel?**  Yes  No Which? \_\_\_\_\_

**If no, are you planning to fence your yard, and if so, when?** \_\_\_\_\_

**If you found it was needed, would you be willing to fence in a portion of your yard?**  Yes  No

**If you had to describe your household, would you say it is (check all that apply):**

- Quiet     Many Visitors     Few Visitors     Lots of Activity     Often gone in evening/weekends  
 Other (please describe): \_\_\_\_\_

**What activities would your ideal dog participate in? (check all that apply):**

- Walk / jog / run with yourself / family member     Playmate / companion for you, your children  
 Go hunting / fishing with you     Compete in various trials (agility, flyball, field, etc.)  
 Other (please describe): \_\_\_\_\_

**Pet Information:** Have you ever had a companion animal before?  Yes  No

Were you the primary caretaker?  Yes  No **If not**, who is/was? \_\_\_\_\_

Have you ever surrendered or re-homed a pet?  Yes  No **If yes**, please explain: \_\_\_\_\_

Please list current and other pets you have owned in the past ten years: (Continue on another sheet if needed.)

Breed of Animal	Pet's Name	M/F	Spayed/Neutered	Age	Still have?	If not- reason why:
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—

**Veterinarian Information:**

List your current / previous / future veterinarian(s). This is a requirement for new pet adoptions, and all pets must be up-to-date on vaccinations and be altered. **Please call their office to authorize release of information to OARS.** If you plan to utilize another vet, please note that here.

Veterinarian Name(s): \_\_\_\_\_ Vet Clinic Name(s): \_\_\_\_\_

Current Veterinarian Phone: \_\_\_\_\_ and/or E-mail: \_\_\_\_\_

**References:**

Provide two non-related references and their relationship to you. Please advise them that an OARS volunteer will be contacting them, so they expect our call/email:

Name / Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Name / Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

As your new dog transitions to your routine, it may take a month (or more) to adjust. Are you prepared for your new dog to have some accidents (chewing, pottying, etc) upon arriving in your home?  Yes  No

**Will you crate train your new dog?**  Yes  No **If no**, would you be willing to crate if necessary?  Y  N

**Will you register your new dog for an obedience/training course?**  Yes  No

If **yes**, what facility are you considering? \_\_\_\_\_

Are you interested in receiving more information on local training facilities?  Yes  No

If **no**, how will you train your dog? (be specific): \_\_\_\_\_

Barking \_\_\_\_\_

Chewing \_\_\_\_\_

Digging \_\_\_\_\_

Jumping \_\_\_\_\_

Nipping/ Play biting \_\_\_\_\_

Potty Training \_\_\_\_\_

Daily, how much time do you anticipate spending with your dog to provide exercise / playtime? \_\_\_\_\_

In an average year, how much do you estimate spending to provide (list \$ amount):

Vet care for your dog? \_\_\_\_\_ Flea/tick & Heartworm preventatives: \_\_\_\_\_

Food, supplies, toys, etc.? \_\_\_\_\_

What brand of food do you plan to feed? \_\_\_\_\_

**Why do you want to adopt this dog?** \_\_\_\_\_

### **Additional Information:**

All pets are in care for a minimum of 2 weeks before putting them up for adoption so we can better understand the pet's temperament, personality and needs. To meet a pet, a potential adopter should fill out the adoption application, meet the pet and have a compatibility interview. We give preference to adopters in the Fox Valley. We do not use a first-come, first-serve process and we decide who is going to be the best match for each pet. The process is intended to ensure a best-fit, long-term successful adoption for both the family and pet. We do not do same-day adoptions.

\* If you rent, provide a copy of your lease and addendum allowing to pets Orphan Animal Rescue.

\* By signing this adoption application, you agree to provide vaccinations, health check-ups and any additional veterinary care, by a qualified veterinarian, on a yearly basis.

\* Your adoption fee is a donation to Orphan Animal Rescue and is nonrefundable.

\* When adopting a dog or puppy, **you must bring a leash, collar, and ID tag** along when picking up your new pet. Please contact the foster home for appropriate size collar to ensure the safety of your new pet.

By signing this form, I/we acknowledge that the information on this form is true and correct. I/we agree to all provisions indicated on this form. I/we understand that any misrepresentation of fact may result in Orphan Animal Rescue Inc. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Orphan Animal Rescue Inc. discovers the above information is not true or correct, this application becomes null and void. Because of my breach of contract, Orphan Animal Rescue Inc. reserves the right to remove the adopted pet from my home, and I will be held responsible for any associated legal costs incurred as part of said reclamation process. In order to ensure the best homes for our rescued pets, we reserve the right to deny any adoption application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**How did you hear about OARS?**  Word of mouth  Petfinder.com  Adoptapet.com  OARS Web Site

Other (please describe): \_\_\_\_\_

*Thank you for applying to adopt a pet from Orphan Animal Rescue!*

*Please allow **48-72 hours** to process your application. We are 100% volunteer-run and appreciate your patience.*

**For Office Use Only:**

Date/ time received: \_\_\_\_\_

Approved     Not Approved    Reason: \_\_\_\_\_

Signature of Staff Volunteer \_\_\_\_\_

Initials of Staff/Volunteer \_\_\_\_\_

Date \_\_\_\_\_

Adoption Donation: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Foster Home: \_\_\_\_\_