Adoption Application

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| **CONTACT INFORMATION** |
|   | **Name:** |  |
|   | **Address:** |  |
|   | **City:** |  |
|   | **State:** |  | Zip\*: |  |   |   |
|   | Home Phone: |  | WorkPhone: |  | CellPhone: |  |
|   | **Email:** |  |
|   |   | ***NOTE:*** You must advise us of any email address change after you apply to adopt, or we may not be able to forward on to you new information of available dogs we feel may be of interest to you. |

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| Have you ever applied to adoptwhile using a different name? |  Yes  No |
| Have you applied to adopt or been approvedto adopt through any rescue organization? |  Yes  No |
| Have you ever been denied approval toadopt through any rescue organization? |  Yes  No |
|   |   |
| If the answer to any of the above three questionsis yes, please provide us the name of thatorganization and their contact person, and/or thedifferent name you used to apply for an adoption. |  |

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| **YOUR FAMILY & HOME** |
| Names of all persons in the family applying to adopt (if there are children, please list their ages). |  |
| Do you live in a house, apartment, condo or mobile home? |  |
| Do you Own or Rent? |  Own  Rent |
| If you rent, is a dog of 40-60 lbs.approved by your landlord? |  Yes  No |
| How long at this residence? |  |
| Do you have a fenced yard? |  Yes  No |
| Size of yard that is available to dogs? |  |
| Type of fencing materials used? |  |
| Fence height? |  |
| Do you have a pool and/or spa? |  Yes  No |
| Do you have a patio? |  Yes  No |
| If yes, are there shaded areas? |  Yes  No |
| Do you have a dog run or outdoor kennel? |  Yes  No |

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| **GENERAL QUESTIONS** |
| What are your reasons for wanting a Dog? |  |
| Brief history of previously owned Dog(s) if any |  |
| Brief history of other previously owned dog(s) if any |  |
| Do you own ANY other animals? In addition to cats, also include birds, reptiles, rodents, pet pigs, etc, and please remember, some breeds usually has a higher prey instinct.Describe species, age, and if spayed/neutered. |  |
| IF YOU PRESENTLY OWN OTHER DOG(S): Do you feel you know your dog's overall temperament well enough to know that he or she will accept a new dog in the home, and will you be able to handle any competitive and/or resource guarding behavior that may surface during the acclimation period of the new dog in the home? |  |
| IF YOU PRESENTLY OWN OTHER DOG(S): Do you know if your dog prefers the company of same sex/opposite sex or older/younger dogs? |  |
| IF YOU PRESENTLY OWN OTHER DOG(S): Do you know your dog's play style (i.e. vocal and on the sidelines, physical body slammers, wrestlers, chasers and tuggers, tentative soft touch players)? |  |
| IF YOU PRESENTLY OWN OTHER DOG(S): Are you aware of the various issues (i.e. competitiveness, resource guarding for food, toys, resting spots, water, caretakers) that can lead to conflict and/or aggressive behaviors in multi-dog homes? |  |
| IF YOU PRESENTLY OWN OTHER DOG(S): Do you feel you are prepared to manage and/or work with your dog(s) to help resolve any of the above issues if they should arise? |  |
| Have you been attending dog training classes or had a behaviorist or trainer work with your dog(s) in the past? |  |
| Are you planning on taking your new dog to training classes? |  |
| Are you planning to have an in-home trainer or behaviorist help you? |  |
| Does anyone in the home havehealth problems or allergies? |  |
| Will you promptly license your dog withthe licensing authority for your area? |  Yes  No |
| Do you know how often dogs need vaccinations, and what vaccines are necessary? |  Yes  No |
| Are you familiar with heartworm and Lyme disease prevention? |  Yes  No |
| If so, do you keep any dogs you may now have on preventive medications for heartworm and fleas & ticks? |  Yes  No |
| Are you familiar with portable dog crates and their uses? |  Yes  No |
| Will you be crating the dog you adopt? |  |
| Number of hours your Dog will be left alone during the day and where? |  |
| Where will your Dog sleep at night? |  |
| Where will your Dog stay during working hours? |  |
| How active is your lifestyle? |  |
| How much time do you have for exercising your Dog? |  |
| Are you familiar with the grooming needs of a Dog? |  Yes  No |
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| Are you looking for a male or female? |  Male  Female  Either |
| Are you looking for a specific color? |  |
| What is the age range of a Dog you will consider? |  |
| Have you considered sharing your heart and home with an older, more "mature" Dog? |  |
| Would you consider a "Special Needs" Dog? |  |
| Would you consider a Dog mix? |  |
| How far would you travel to meet a Dog? |  |
| Do you agree your Dog shall be spayed or neutered? |  Yes  No |
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| Name & phone number of your veterinarian or clinic. Also include a FAX number for them:( Your application may be delayed without this ) Please call your vet's office and specify to them that it is OK to release information to us about your other pet's health care. If they need a written statement from you to release information to us, send it to them. |  |
| How did you find out about the our website? |  |
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Bottom of Form

  [**About Us**](http://www.springerrescue.org/about.html)**-**[**Dog Info**](http://www.springerrescue.org/springers.html)**-**[**Available Dogs**](http://www.springerrescue.org/adopt/index.html)**-**[**Adopted Dogs**](http://www.springerrescue.org/gallery/index.html)**-**[**How To Help**](http://www.springerrescue.org/help.html)**-**[**Message Board**](http://www.springerrescue.org/mbguidelines.html)**-**[**Links**](http://www.springerrescue.org/links.html)**-**[**Site Map**](http://www.springerrescue.org/sitemap.html)**-**[**Contact**](http://www.springerrescue.org/contact.html)