

Save One Make a Difference (S.O.M.A.D.) Rescue Application

Date: _____ Our email: somadrescue@yahoo.com

APPLICANT MUST PROVIDE COMPLETE INFORMATION OR THE APPLICATION WILL BE RETURNED.

Name & breed of dog you are interested in _____

Your Name _____ Your Age _____

Your Email address _____

Are you on Facebook? If yes, what is your Facebook page link? _____

Phone (H) _____ (C) _____ (W) _____

Home Address _____

City _____ State _____ Zipcode _____

Live in (Check one): House Townhouse Condominium Apartment

Rent Own Lived there how many years? _____

Who owns the home? _____

If renting, who is the landlord? _____ Phone number _____

Is the yard fenced? Type of fence? _____

Check one: You are employed You are retired You are unemployed

If employed, who is your employer? _____

Where will the dog be kept during the day? (be specific, PROVIDE DETAILS)

Where kept during your absence? (be specific, PROVIDE DETAILS)

Where kept at night? (be specific, PROVIDE DETAILS)

Do you have a pet door? Do you use a crate?

Who will be the primary care-giver for this dog? _____

Number of adults in your home? _____

Number of children? _____ Ages of children _____

Circumstances under which children visit your home _____

How many hours will the dog be alone during the day? _____

Who will be the dog's primary caregiver? _____

Why did you choose this dog? _____

What type of dog food do you feed your dog? _____

What type of flea and heartwork preventative do you use for your dog? _____

Are you currently interacting with another rescue group(s)? _____

Pet History. List pets owned in the past 10 years

Pet 1: Name _____ Species/Breed _____

Pet 1: Gender _____ Age _____ How long owned by you? _____

Pet 1: Was your pet spayed/neutered?

Pet 1: Where is your pet now? _____

Pet 1: If your pet is deceased, when did your pet die? _____

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Pet 2: Name _____ Species/Breed _____

Pet 2: Gender _____ Age _____ How long owned by you? _____

Pet 2: Was your pet spayed/neutered?

Pet 2: Where is your pet now? _____

Pet 2: If your pet is deceased, when did your pet die? _____

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Pet 3: Name _____ Species/Breed _____

Pet 3: Gender _____ Age _____ How long owned by you? _____

Pet 3: Was your pet spayed/neutered?

Pet 3: Where is your pet now? _____

Pet 3: If your pet is deceased, when did your pet die? _____

Additional past/current pets: _____

Vet's Name (animal hospital name) & phone number _____

Pets Treated _____

Is everyone in the home alerted concerning the possible pet adoption? _____

Are you ok with having a home visit done? _____

Do you understand that the adoption fee is \$300 for dogs up to 8 years \$200 for dogs over 8 years ? _____

Do you understand that the adoption fee reimburses SOMAD for the cost of vet work for the dogs, transport, food, supplies, maintenance while in foster care, etc.? _____

How far are you willing to drive to meet and adopt a dog? _____

Anything else we should know? _____

The answers and statements above are true and complete to the best of my knowledge and belief. These answers and statements are the basis for an adoption approval.

CAUTION: SOMAD relies on the information provided to evaluate this application. If the answers provided are incorrect or untrue, my contract with SOMAD may be canceled, the animal may be required to be returned and I agree to forfeit my adoption fee.

Applicant Signature _____ Date _____