



## Dog Adoption Application

Cuz i Matter Animal Rescue

P.O. Box 3751, Pflugerville, TX 78691

[www.CuziMatter.org](http://www.CuziMatter.org)

Email: [cuzimatteranimalrescue@gmail.com](mailto:cuzimatteranimalrescue@gmail.com)

Procedure: Completely fill out & sign application. You will hear back within 4 days, or please assume your application was not selected. For applications selected, a vet-check will be done, then a home visit made. If the adoption is approved, an adoption contract will be completed, donation accepted, and then you take your new canine friend home.

Today's Date: \_\_\_\_\_

Name of Dog(s) Applying for: \_\_\_\_\_ Breed/Type: \_\_\_\_\_

Where did you hear about CiMAR (be specific please)?

Please print identification information clearly, *especially email address*:

Applicant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Since (mo/yr): \_\_\_\_ / \_\_\_\_

E-mail: \_\_\_\_\_ Driver License  
Number/State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. Why do you want to adopt a dog?
2. What do you think are the most important responsibilities in adopting a dog?
3. Please list any preferences (age, size, sex, breed, personality):

4. Have you submitted an application with another organization for a dog at this time?  Yes  No
5. Have you ever had an application declined for adoption of an animal from an animal welfare group/animal control facility?  Yes  No If Yes, please explain:
6. Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's environment may cause the dog to have accidents?  Yes  No
7. If a behavioral problem arises, what steps will you take to work on it?
8. If you are applying for a puppy/dog, who is not housetrained, how would you housetrain the dog?
9. Does any member of the family have any allergies to animals?  Yes  No If Yes, please explain:
10. Please describe the kinds of personal situations where you might have to return your adopted dog, i.e., job loss, children, move, marital change, etc
11. For whom are you adopting the dog?  Self  Gift  Other Family Member? Please explain:
12. How many people live in your home? \_\_\_\_\_
13. Are there any children in the household?  Yes  No If Yes, what are their ages?

14. Who will be responsible for feeding and taking the dog outside?

15. Who will take of the dog in the absence of the primary caretaker?

16. Will you offer your dog obedience training? \_\_\_ Yes \_\_\_ No If Yes, please explain:

17. Describe those pets you currently own:

*If you have more animals than space provided, please use an additional sheet of paper and attach to this form*

Animal #1					
Name:		Type:		Age:	
Sex:		How long has the pet resided with you:			
Is the pet Spayed or Neutered?	Y or N	If no, please explain:			
Primarily Indoor or Outdoor? (circle one) Please explain:					
How did you acquire the animal?					
Is the pet up to date on vaccines (DHPP, Bordatella and Rabies)?	Y or N				
Is the pet on heartworm preventative monthly?	Y or N	If Yes, which one?			
Any additional comments:					

Animal #2					
Name:		Type:		Age:	
Sex:		How long has the pet resided with you:			
Is the pet Spayed or Neutered?	Y or N	If no, please explain:			
Primarily Indoor or Outdoor? (circle one) Please explain:					
How did you acquire the animal?					
Is the pet up to date on vaccines (DHPP, Bordatella and Rabies)?	Y or N				
Is the pet on heartworm preventative monthly?	Y or N	If Yes, which one?			
Any additional comments:					

18. Describe all pets you previously owned in the last 10 years:

If you have had more animals than space provided, please use an additional sheet of paper and attach to this form

Animal #1					
Name:		Type:		Age:	
Sex:		How long did the pet resided with you:			
Primarily Indoor or Outdoor? (circle one) Please explain:					
How did you acquire the animal?					
Year deceased (or last year you had pet)?					
Cause of death, or where pet is now (detail):					

Animal #2					
Name:		Type:		Age:	
Sex:		How long did the pet resided with you:			
Primarily Indoor or Outdoor? (circle one)		Please explain:			
How did you acquire the animal?					
Year deceased (or last year you had pet)?					
Cause of death, or where pet is now (detail):					

19. List each Vet/Animal Hospital where your animal(s) received care over the last 5 years:

If several vets were used, please explain and provide approximate service dates. Please note that application review cannot be completed unless each vet's phone number is provided. If the space provided is insufficient, please use an additional sheet of paper and attach to this form.

Name(s) and Phone # with area code (for each):

What owner name(s) are records listed under?

20. Name and Phone Number of Vet you will use for your new pet:

21. What kind of Veterinary Care do you plan to provide?

22. Have you considered the extra expenses that will come with having a dog including vet care, food, supplies, equipment, toys, training and boarding? \_\_\_ Yes \_\_\_ No

23. What type of home do you live in? \_\_\_House \_\_\_Townhouse \_\_\_Duplex\_\_\_Condo  
\_\_\_Apartment

24. Do you own or rent your residence? \_\_\_ Own \_\_\_ Rent

If you rent: Landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

What type/size pets are allowed, if the home is Rented?

*If you have rented your current residence for under a year, please provide prior address and prior landlord contact phone number:*

Prior address: \_\_\_\_\_

If you rent: Landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

25. Do you have a fenced yard? \_\_\_Yes \_\_\_ No

a. What type of fence? \_\_\_\_\_

b. How tall? (Give range of heights, if relevant) \_\_\_\_\_

c. Any holes or gaps? \_\_\_ Yes \_\_\_ No

26. How often would you exercise the dog and for approximately how long?

27. How many hours would the dog be left unattended (i.e., workday)? Where will the dog be kept during that time?

28. When you are home, where will the dog be kept?

29. Where will the dog sleep at night?

30. When no one is home (i.e. at work, shopping), where would the dog stay (please be specific)?

31. If you travel, what will you do with the dog while you are gone?

32. If you move, what will you do with the dog?

33. Are you or your spouse with the military? \_\_\_ Yes \_\_\_ No

34. Are you aware CiMAR requires all dogs/cats in a home be spayed/neutered?  
\_\_\_ Yes \_\_\_ No

35. Are you aware the adoption fee is a Non-Refundable Donation? \_\_\_ Yes \_\_\_ No

36. Are you aware that all Adopters of CiMAR dogs are required to provide Heartworm Prevention? \_\_\_ Yes \_\_\_ No. Will this be a financial strain for you? \_\_\_ Yes \_\_\_ No

37. Are you familiar with your local animal control laws? \_\_\_ Yes \_\_\_ No

38. Have **all adult** family members met with and agreed upon the dog? \_\_\_Yes \_\_\_No

References				
Please provide 3 references NOT RELATED TO YOU with whom CiMAR can speak to in regards to your application.				
#1	Name:		Relationship:	
Phone(s):				
#2	Name:		Relationship:	
Phone(s):				
#3	Name:		Relationship:	
Phone(s):				

*I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption is made, or if Cuz i Matter Animal Rescue (CiMAR), determines the dog is not cared for properly, I understand that CiMAR reserves the right to reclaim the animal at any time. I give CiMAR permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home visit on a mutually agreed date by a CiMAR volunteer before an adoption decision is made.*

*In addition, I understand the adoption arrangement is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal. I understand it is CiMAR's prerogative to decide which adoption homes meet our needs & standards, that their decision is final. Unless otherwise indicated by CiMAR, I am free to apply and undergo the adoption application process in the future.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Full Name \_\_\_\_\_

FOR INTERNAL USE ONLY	
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Comments: