

# DOG ADOPTION APPLICATION

## Dashing Dog Rescue

Date: \_\_\_\_\_

Dog ID: \_\_\_\_\_

Dog Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

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

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ TX Driver's License No: \_\_\_\_\_

### I understand and affirm that:

\_\_\_\_\_ I am 18 years of age or older and have identification showing proof of current address.

\_\_\_\_\_ DDR reserves the right to refuse adoption to anyone. Adoption approval or refusal decisions are made solely at the discretion of DDR. Falsifying information on the application will result in disqualification from adoption.

\_\_\_\_\_ All potential adopter's homes may be screened for suitable placement of animals. By submitting this application, you give permission for DDR to investigate and confirm the information that you provide.

\_\_\_\_\_ You give permission for a DDR representative to visit your home prior to adoption to do a home check and after adoption to do follow-up checks on your adopted pet, if requested.

\_\_\_\_\_ I, \_\_\_\_\_ (print name), hereby give permission to my landlord, apartment complex, mobile home park, or neighborhood associations to release information to DDR concerning my pet deposit, or other rules regarding pet ownership.

My Landlord/Apt. Complex's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ I, \_\_\_\_\_ (print name), hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals, past and present, to DDR.

My current veterinarian is: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand, and affirm the above information, and agree to the requirements DDR has in the adoption process.

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

## ADOPTER INFORMATION

How long at current address? \_\_\_\_\_. Do you plan to move in the next 12 months? \_\_\_\_\_

Do you: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ (If renting, please complete the following.)

Does your landlord require a pet deposit? \_\_\_\_\_ How much? \_\_\_\_\_

Does your landlord set a limit on weight of dog? \_\_\_\_\_ Weight Limit \_\_\_\_\_

Does your landlord have a breed restriction? \_\_\_\_\_

Is the pet deposit per household or per animal? \_\_\_\_\_

Total number of individuals in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Do all the adults in your household consent to the adoption of this dog? \_\_\_\_\_

Does anyone in your household have known allergies to dogs? \_\_\_\_\_

Why do you want to adopt a dog? Check all that apply: \_\_\_ House Pet \_\_\_ Outdoor Pet \_\_\_ Guard Dog

\_\_\_ Watch Dog \_\_\_ Gift \_\_\_ Companion for Child or Pet

How many hours per day will this dog be: Inside \_\_\_\_\_ Hrs, Outside \_\_\_\_\_ Hrs, Crated \_\_\_\_\_ Hrs

Do you have a fenced yard? \_\_\_\_\_ Type of fence: \_\_\_\_\_ Height: \_\_\_\_\_ ft.

Do you have a pool? \_\_\_\_\_. If yes, is pool fenced off from the rest of the yard? \_\_\_\_\_

Where will this dog be kept while you are away from home? \_\_\_\_\_

If you have to move, what would you do with this dog? \_\_\_\_\_

How will you transport this dog? \_\_\_\_\_

If you have cats, have they been exposed to dogs? \_\_\_\_\_

Is this your first experience with owning a dog? \_\_\_\_\_

Have you considered the costs involved in adopting a pet (food, vet, housing, damage, boarding)? \_\_\_\_\_

Have you housetrained a dog before? \_\_\_\_\_

Are you familiar with Heartworm disease? \_\_\_\_\_

If you have, or had, dogs, are/were they on Heartworm preventative? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

No dog is perfect! Please check all behaviors you are unwilling, or unable, to work through:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Eliminating in house | <input type="checkbox"/> Digging                      | <input type="checkbox"/> Pulling on leash when trying to walk |
| <input type="checkbox"/> Escaping             | <input type="checkbox"/> Barking                      | <input type="checkbox"/> Destructive behavior or chewing      |
| <input type="checkbox"/> Food Aggression      | <input type="checkbox"/> Aggression towards cats/dogs | <input type="checkbox"/> Aggression towards children          |
| <input type="checkbox"/> Mouthiness/Nipping   | <input type="checkbox"/> Jumping on people            | <input type="checkbox"/> Scratching on doors                  |
| <input type="checkbox"/> Separation Anxiety   | <input type="checkbox"/> Jumping on furniture         | <input type="checkbox"/> <b>None of the Above</b>             |

**Pet Ownership History**

Total number of pets you currently own?      Dogs \_\_\_\_\_      Cats \_\_\_\_\_      Other \_\_\_\_\_

Are all pets current on vaccinations? \_\_\_\_\_

Are any dogs in your household diagnosed with the following:

    \_\_\_ Heartworm Disease    \_\_\_ Canine Distemper    \_\_\_ Parvo Virus

List all pets currently owned.

NAME	Type	Breed	Sex	Spayed/Neutered	Inside/Outside/Both	Age

List all pets owned within the past 2 years, NOT currently owned. (Include deceased, lost, stolen, sold, or given away):

Name	Type	Breed	Sex	Spayed/Neutered	Age	Reason

**By submitting this application, I confirm that all information in this application is correct and complete and I acknowledge that I have read, understand and agree to all the terms and conditions of the adoption contract. I authorize my landlord, veterinarian and any other parties contacted to release information confirming this application to DDR for verification. Failure to provide accurate information will forfeit my adoption fee and return ownership of this animal to DDR. Your signature will be required at the time you meet with a DDR representative.**

**Potential adopters are screened for suitability. DDR reserves the right to refuse placement of an animal for any reason. Animals may be removed from unsuitable homes at any time base upon the discretion of the DDR Board of Directors.**

**Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_**