

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"/> None of the Above |

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: _____