

# CANINE RESCUE of Central PA, Inc.

P.O. Box 129, Dillsburg, PA 17019  
Phone: 717-232-1644  
Web site: [www.crcpa.org](http://www.crcpa.org)

## ADOPTION APPLICATION

### APPLICANT INFORMATION:

Applicant's Name: _____	Date: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____ Work Phone: _____
Email: _____	How did you hear about us? _____

Dog's name you are interested in (if applicable):  
\_\_\_\_\_

Are you interested in adopting immediately?  Yes  No

If no, are you willing to wait for the right dog?  Yes  No

What energy level are you looking for:

Low (likes to chill) \_\_\_\_\_ Medium (requires regular exercise) \_\_\_\_\_ High (lots of exercise every day) \_\_\_\_\_

Please put X behind your preference

### HOME LIFE:

Do you live in a house, condo, apartment, or other?  
\_\_\_\_\_

Do you own your home?  Yes  No

If no, do you have approval from owner/landlord for a dog?  Yes  No

Is there a breed and/or weight restriction per landlord/owner or insurance?  Yes  No

If yes, explain: \_\_\_\_\_

Please provide name and phone number of owner/ landlords to confirm above:  
\_\_\_\_\_

Who lives in the house with you?

Adults \_\_\_\_\_ Children \_\_\_\_\_ Age of children: \_\_\_\_\_ Do you have children visiting the house often?  Yes  No

What ages are the visiting children? \_\_\_\_\_

Do you have other dogs visiting the house often?  Yes  No

OVER

Do you have a fence?  Yes  No If yes, height and material? \_\_\_\_\_

If you do not have a fence how do you plan to let the dog out? \_\_\_\_\_

How many hours would the dog be left alone? \_\_\_\_\_

Where will the dog stay when left alone (crate, roam free, portion of house, etc)? \_\_\_\_\_

Do you plan on moving in the next 6 months? \_\_\_\_\_

If you were to move, what would you do with the dog? \_\_\_\_\_

Who will be responsible for the dog's care while in your home? \_\_\_\_\_

**Current Pets:**

Type/Breed	Name	Age	How long have you owned dog

**Previous Pets:**

Type/Breed	Name	What happen to pet?

Do you give Canine Rescue of Central Pa permission to contact your vet?  Yes  No  
Name and number for Vet (for current or past pets): \_\_\_\_\_

Have you ever adopted a dog from a rescue?  Yes  No  
If yes, please describe: \_\_\_\_\_

Describe types of personal situation where you would consider surrendering your dog: Financial, medical, New Baby, Divorce, Shedding, Housebreaking, Behavioral Problems, Moving, Allergies, Dog gets too big, does not get along with other pets, Children go to college? Please indicate below  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever surrendered a pet to a shelter or another person(s)?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are any of the pets listed maintained outdoors?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are the pets listed spayed or neutered?  Yes  No  
If no, please explain: \_\_\_\_\_

Are the pets listed licensed and up to date on vaccines?  Yes  No

If no, please explain: \_\_\_\_\_

Is everyone who lives in your home meeting the dog today?  Yes  No

If no, please explain: \_\_\_\_\_

Who will exercise the dog and how will you exercise the dog? \_\_\_\_\_

What will you do with the dog when you go out of town? \_\_\_\_\_

Do you agree to allow CRCPA volunteers to visit the dog in your home?  Yes  No

Are you aware that the annual cost to care for a dog could be over \$1,000?  Yes  No

Are you prepared to deal with the following issues? Housebreaking, Chewing, Barking, Crying at night, High energy level, Nipping, Socializing and Training? Put X behind your reply.

Yes, I can handle all the craziness \_\_\_\_ Definitely Not \_\_\_\_ I'm Not \_\_\_\_ Sure \_\_\_\_

How will you deal with behavior issues?

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How did you hear of Canine Rescue?

Facebook  Another Rescue  CRCPA Website  Adoption Event

Petfinder  Adopt-a-pet  Other  \_\_\_\_\_

Do you agree your dog will be kept as a house pet, inside, not be sold for medical or experimental purpose and shall not be used for breeding or dog fighting?  Yes  No

This is imperative you agree to the above to be approved for adoption. Do you agree if you adopt a dog, you will review and agree to the adoption contract which is solely in the dog's interest? Do you agree that if you ever need to relinquish the dog during its life, you will contact Canine Rescue for its surrender?

This application is to schedule a meet and greet with a rescue dog from Canine Rescue. Please take the time to complete this application with as much information as you can to help us determine which dog is right for you and your family. Our volunteers become familiar with the dogs and are able to guide us as to what the dog's personalities are, whether they are good with kids, other dogs, cats and sometimes men and or women. This tool enables us to determine based on your information if any particular dog would be best for your family.

We will perform a vet reference check and possibly a home visit depending on the dog you wish to adopt. The dog you adopt will come to you spayed/neutered, micro-chipped, up to date on vaccines and current on preventatives for heartworm and flea/tick treatment. I have read the above 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. If an omission or untruth is discovered after an adoption takes place, Canine Rescue reserves the right to annul the adoption and reclaim the animal. If the application passes the review, I agree to a home visit on a mutually agreed date by Canine Rescue, if deemed necessary, before an adoption is completed.

I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal and other applications received on the animal. I understand it is the organization's prerogative to decide which home is most appropriate and that their decision is final.

Yes       No

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to adoption, I understand that false or misleading information in my application or interview may result in my denial of application.

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

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Official Use Only

Received by: \_\_\_\_\_

Councilor: \_\_\_\_\_

Councilor who did showing: \_\_\_\_\_

Date of Showing: \_\_\_\_\_

Approved for adoption: \_\_\_\_\_

Home visit and adoption scheduled for: \_\_\_\_\_

Councilor who did home visit: \_\_\_\_\_