

Save All Dogs Rescue CANINE Adoption Application

Date:		Name of dog desired:		Color(s):	
Age of dog desired:		Oldest dog considered:		Approx. weight as an adult dog:	
Applicant Information					
Name:					
Address:					
City:		State:		Zip:	
Home phone:		Work:		Cell:	
E-mail address:				Date of birth:	
				(must be 25 or over to adopt)	
Number of people in household:		If children, list ages:			
Are you, or any member of the household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?					
Are you presently:		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		<input type="checkbox"/> Student	
Employer:				<input type="checkbox"/> Retired	
Co-Applicant Information					
Name:				Relationship:	
Phone #s					
Home:		Work:		Cell:	
E-mail address:				Date of birth:	
Are you presently:		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		<input type="checkbox"/> Student	
Employer:				<input type="checkbox"/> Retired	
General Information					
Do you:		<input type="checkbox"/> Rent <input type="checkbox"/> Own			
Type of residence:		<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo		<input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/barn	
Approx. square footage:					
If rental, are dogs allowed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Size restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Max size:	
Breed restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No		List breeds:	
Complex name/address:					
Manager/Landlord:				Phone number:	
Current housing location:		<input type="checkbox"/> City Limits		<input type="checkbox"/> Outside City limits	
Type of street:		<input type="checkbox"/> Very busy road		<input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	
Where will the dog live?		<input type="checkbox"/> Inside only		<input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside	
Where will the dog spend nights?		<input type="checkbox"/> Inside		<input type="checkbox"/> Outside	
Do you have a fenced yard?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how high?	
Will you allow the dog to run loose?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where?	
Are you willing to keep your dog leashed at all times if necessary?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours per day will the dog be alone?					

Where will it stay when left alone?

Describe the level of activity in your home:

- Busy (visits by friends, meetings, children, parties at home)
- Noisy (TV, stereo, machinery, tools, children playing, barking)
- Moderate (Normal comings and goings)
- Quiet (homebodies, few guests)
- Other (specify)

In the absence of the primary caregiver, who will care for the dog?

Under what circumstances would you return the dog to us? New Job Divorce (or breakup)

New baby Move Illness (of the dog)

Other-specify:

Are you willing to take responsibility if this pet acquires an illness or tests positive for heartworms?

Yes No

Are you willing to take responsibility if this dog has fleas, worms, cuts/scrapes, etc.? Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No

Are you willing to take the time to work with your new dog on housebreaking, chewing, etc. if such problems arise? Yes No

Would you consider obedience training for your new dog? Yes No

How much time are you prepared to allow for your new pet to adjust to your home?

Pet Information

Have you had pets in the last five years? Yes No If so, please complete the following chart

Name of pet	Type of pet	Years owned	Spayed/Neutered?		Where is the pet now?
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Current or past Vet Clinic:

Phone:

Do you consider your dog a part of the family? Yes No

Will your dog be on heartworm prevention? Yes No

Are you aware that a dog is a large and lifelong commitment? Yes No

How did you hear about our rescue?

Other Comments: