



APPLICATION TO ADOPT _____

DOG'S NAME _____



Thank you for your interest in adopting a dog from K-9 Angels Rescue! Please understand that not all families and dogs are compatible. Every effort is made to match a dog's exhibited traits with characteristics you desire in a dog. As such, adoptions are not done on a first-come, first-served basis. In the event we have multiple applications for the same dog and all applications are equal, we will most likely adopt the dog to the applicant having current or previous dog ownership.

This application will not be processed if it is not filled out in its entirety.

K-9 Angels Rescue, Inc. reserves the right to deny adoption to anyone.

To be considered as an adopter, you must be:

- At least 23 years of age and possess valid identification showing present residential address;
- Willing and able to invest the time and money required to provide proper care for a dog (estimated minimum annual cost > \$1,000 per dog);
- Prepared to pay a \$200 Adoption Fee (this includes the dog's spay/neuter, microchip, vaccinations, heartworm and flea prevention, and any other medicines or medical procedures needed)
- Willing to allow us to do a home visit prior to adoption; and
- Prepared to give us your veterinarian's contact information if you currently own a dog or have owned a dog in the past.

Have you adopted from K-9 Angels Rescue in the past? _____

How did you hear about K-9 Angels Rescue's adoption program? _____

APPLICANT(S) RESIDENCE --- COMPANION DOG TO RESIDE AT THIS ADDRESS

HOME ADDRESS: _____ CITY: _____ ST & ZIP: _____

Primary Applicant Name: _____ **DOB:** _____

Cell #: _____ Home #: _____ Work #: _____

Primary Applicant's e-mail address: _____

Primary's employment: full time part time shift work stay at home work from home retired

Employer: _____ City: _____ State & Zip: _____

On a typical workday I leave home at _____ am/pm and return at _____ am/pm

Secondary Applicant Name: _____ **DOB:** _____

Cell #: _____ Home #: _____ Work #: _____

Secondary Applicant's e-mail address: _____

Secondary's employment: full time part time shift work stay at home work from home retired

Employer: _____ City: _____ State & Zip: _____

On a typical workday I leave home at _____ am/pm and return at _____ am/pm

I/We live: alone with spouse with partner with relatives with friends

In household, how many 18+ adults? _____ How many children? _____ Please list gender and age of children: _____

Is anyone in household allergic to dogs? No Yes Explain: _____

I/We: Own Rent and it is a: House Condo Apartment Town house Mobile Home

If renting/leasing, Name of Residential Complex: _____

Landlord's Name & Phone Number: _____

I/We have rented at this location for: _____ year(s) and _____ month(s)

I/We have my/our landlord's permission to have a dog in my/our home: YES NO

A dog deposit is required: NO YES, in the amount of \$_____ Has it already been paid?: YES NO

Explain restrictions on breed, size and/or number of pets allowed per rental/leased unit in your complex: _____

I/We operate a business out of my/our residence. NO YES - Type of business: _____

ANIMAL CARE INFORMATION

I/We want to adopt a dog because: _____

All adults in my household agree to this adoption: YES NO

Who will be responsible for the care of your adopted dog? _____

Where will this dog be kept during the day? _____

Maximum hours per day this dog will be left alone at home: _____

Where will the dog sleep? _____

Will the dog be crated during the day? NO YES - How many hours? _____

Will the dog continue to be crated after it is "trustworthy" i.e., is housetrained and doesn't chew? _____

How frequently do you or your spouse/partner travel? _____

When you travel, where will this dog be housed? _____

If you had to give up this dog, how would you handle this? _____

If this dog became lost, what would you do? _____

If this dog required medical attention are you willing to provide this? _____

Please list all pets you currently care for in your home:

Dog(s) Name(s)	Breed	Sex	Age	Spayed/ Neutered?	Current on Vaccines?	Kept where in home?

Veterinary Office name where pet records are on file: _____ Phone: _____

This account is under the name of: _____ Date of last visit: _____

I consent to K-9 Angels Rescue contacting *the above named* Veterinary Office for a reference: YES NO

If NO, why not?: _____

Is this the same place that you buy your heartworm prevention? If not, where do you get it and what is the contact info?: _____

I am familiar with heart worm disease in dogs: YES NO and I agree to keep my adopted dog on a monthly heartworm preventative: YES NO

The dog(s) I currently have at home (or, the last dog I owned) is/are on heart worm preventative: YES NO
If YES, what type? _____ If NO, why not? _____

Please list all deceased pets you had cared for in your home:

Dog(s) Name(s)	Breed	Age at Death	Month/Year Deceased	Cause of Death

Veterinary Office name for my deceased pet(s): _____ Phone: _____

This account is under the name of: _____ Date of last visit: _____

I consent to K-9 Angels Rescue contacting *the above named* Veterinary Office for a reference: YES NO

If NO, why not?: _____

I consent to K-9 Angels Rescue conducting a home visit: YES NO If NO, why not?: _____

DOG ADOPTION INFORMATION

Reasons I want to adopt a dog (mark all that apply): House dog Children's dog Companion

Company for other dog(s) Outside dog Hunting dog Fighting dog

Guard dog - Explain: _____

Gift (is it a surprise?) - Explain: _____

Reasons I consider valid for giving up a dog (mark all that apply): Moving Fleas Destructive Biting

Grown too big Digging Chewing Unable to housetrain Too rough with children Barking (too much /too little) Having/expecting a baby

Other - Explain: _____

What activity level do you want in a dog? Low Medium High

What personality traits do you want in a dog (mark all that apply): Playful Lap dog Laid back Quiet

Outgoing Affectionate Good with children Housetrained Past puppy stage Gets along with cats

What personality traits do you consider undesirable? _____

I will confine this dog to (mark all that apply): House Kennel Fenced Yard Chain Garage Patio

Leash Crate Other _____

I have and use a doggy door: Yes No and I have a yard: No Yes and I have a pool No Yes

The yard is: Open Partially fenced Completely fenced. If the yard is fenced, what type of fence?

_____ Fence height: _____ Fence condition: _____

I understand I may need to housetrain a new puppy or dog. I am willing to work with my adopted puppy/dog and achieve housetraining success in a positive manner: YES NO

Where and how will you exercise your adopted dog? _____

How will you transport your adopted dog? _____

I understand I may need to seek canine professional help to train my adopted dog (digging, chewing, destructive behavior, etc.), and I am willing to make the commitment to afford such professional training: YES NO

I understand dogs often live 12+ years, and I am prepared to make this a lifetime commitment as owner: YES NO

I certify that my answers and information above are true and correct and that false information will result in nullifying this adoption thereby requiring the dog to be returned to K-9 Angels Rescue, Inc.

Signature of Applicant: _____ Date: _____

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