

# WALK ME HOME RESCUE

#### DOG-ADOPTION APPLICATION

This questionnaire has been designed to help us in determining if potential adoption homes are prepared to assume the type of responsible ownership we strive to assure for our rescued animals. The goal is to be thorough; not invasive. Please answer all questions honestly and feel free to add your own comments. Please keep in mind that providing false information will result in the nullification of this application. Thank you.

Completion of this application does not guarantee adoption of this pet.

#### APPLICANT INFORMATION

Name of the dog you are
interested in:
Your full name:
Age:
Occupation
Spouse/Significant
Other
Age:
Occupation
Occupation

Street Address:			
ity, State, Zip			
Home Phone:			
	Area Code		
Phone Number			
Work Phone:			
	Area Code		
Phone Number			
Cell Phone:			
	Area Code		
Phone Number			
E-mail:			
How would you rate yo	our level of dog own	ing avnorionas?	
First time owner	our level of dog owl	Beginner	
Intermediate		Advanced	
What are your primar Companion	y reasons for wanti	ng a dog(s)?  Gift	
For your children		For other pet	
Watchdog			
Ho	ousethold	NFORMATION	U
Are all members of yo	ur household in agı	eement with this adoption	n?
Yes	No	Don't	Know

Who will be the pet's primary caregiver?

Do you live in a		
House	Apartment	Condo
Mobile Home		
Years at Residence		
Tears at Residence		
Do you own or rent?		
Own		Rent
If rent, provide name		
and phone number of		
landlord:		
<b>.</b>		
Does your landlord		
allow dogs?		N
Yes		No
Are there any		
restrictions from your		
landlord or subdivision?		
Number of pets		Size or weight
Breed restrictions		None
Do you have a fully		
fenced yard?		
Yes		No
Is ther anybody home		
during the day?		
Yes		No
If so, who?		
11 50, WHO.		
How many adults are in		
your household?		
How many children are		
in your household?		
•		
If children, what are		
their ages?		
_		

Have your children been around animals before?		
Yes	No	
If your children did not want a dog, would you be interested in adopting a dog for yourself?		
Yes	No	
Does anyone in your home have allergies to dogs or have asthma?		
Yes	No	
ADDITIONAL INFORMATION		
Please briefly describe your lifestyle (active, social, homebodies, etc.)		

Please briefly describe your lifestyle (active, social, homebodies, etc.)
How is your general health (health issues)?
Adopters over the age of 70 are required to have a co-adopter in case of an accident or death. If this applies to you, who would be your co-adopter? Co-Adopter's Name
Co-Adopter's Phone Number
Co-Adopter's Address

Please give 2 additional references. These may be friends, co-workers, or relatives. (1) Name (2) Relationship (3) Email Address (4) Phone Number

### CURRENT/PREVIOUS PET INFORMATION

What pets do you currently have? (Type, Breed, Age, Gender, Spayed/Neutered, Where obtained?)			
What pets have you had in the past? (Type, Breed, Age at death, Gender, Spayed/Neutered, What happened?)			
Have your dog(s) been vaccinated?			
Yes	No		
Have you ever given a pet away			
Yes	No		
If yes, what were the circumstances?			
Have you ever allowed an animal to breed?			
Yes	No		

## GROOMING, VETETZINATZIAN, AND CATZE

Please provide the name and phone number of your current and/or previous veterinarian or clinic:

vaccinations and any necessary medical care?			
Yes	No		
If your dog(s) needed acute medical attention for an illness or emergency care, are you prepared to handle the expense?			
Yes	No		
Who will groom and bathe your dog(s)?			
Would your dog(s) wear a collar? Yes	No		
What kind of food will you feed the dog(s)?			
Would you allow your dog(s) to wear a permanent Rescue I.D. tag?	No		
What would happen to your pets if you moved:			
Locally?			
Out of state?			
Out of country?			
What would you do, if your dog(s) has gotten out?  Check Shelters Put up Flyers Ads in the Newspaper			
Flyers from Door to Door	Wait for the animal to come back		

Will you provide annual

Divorce	Poor Watchdog	Shedding		
Destructive Chewing	Financial Problems	Accident Indoors		
Growling at Guests	Excessive Vet Bills	Allergies		
New Spouse/Partner doesn't like dog	Aggressive on Leash	Long term medical issue		
None of the Above				
New 1	NEW PET INFORMATION			
What type of personality do yo protective, couch-potato)	ou want your pet to have	e? (i.e. calm, energetic,		
Are you willing to live with hair on the furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times?				
Yes	No			
What rooms are off limits to the dog(s)?				
Will your dog(s) be allowed on furniture?				
Yes	No			
Where will the dog(s) sleep at	night?			
Dog House	Garage	Laundry Room		
Kitchen	Master Bedroom	Child's Room		
Bathroom				
How many hours each day will your new pet be home alone?				
Where will your new dog stay when nobody is home?				
When will the dog be inside?				

Which of the following reasons might prompt you to give up your dog?

Biting

Excessive Barking

What outside areas are available to the dog(s)?		
Fenced Yard	Enclosed Patio	Comon
Balcony	Dog House	Garage Unfenced Common Area
	C	
Do you have a doggie door?		
Yes	No	
How will you supervise the dog's outdoor activity?		
Preferred level of exercise with dog(s)?		
Couch Potato	Short W	alks
Vigorous Walks	Hikes/R	uns
How do you normally walk your dog(s)?		
On Leash	Off Lea	sh
When on leash what do you normally use?		
Collar only	Choke (	Chain
Harness	Other	
Are you aware that a new ouncharacteristic behavior?		your pet, and they may exhibit
Yes	No	
Are you willing to work through your new pet's issues, if any?		
Yes	No	
How do you plan on house	breaking your dog(s) if it is	sn't already?

When will the dog be

outside?

How would you train your dog(s)?	
Obedience Class	Hit
Firm Verbal Command	Clicker/Hand Signals
Will you agree to consult and pay a	for a trainer or behaviorist if any problems
Yes	No
What length of time will	
you allow your new pet	
to adjust to his new	
home?	
Do you understand that a dog can \$500 per year to care for?	be an 18 year commitment, and can cost \$300 -
Yes	No
Have you adopted from an animal	welfare group before?
Yes	No
If yes, what group?	
Have you ever been denied adoptic	on by a shelter, other rescue, or humane group?
Yes	No
PLEASE PLEAD AND I	NITIAL EACH STATEMENT BELOW
I understand that a home visit doe	es not guarantee placement.
I agree to provide my own collar, l adoption contract.	leash, harness, and tag at the time of completing the
We reserve the right to refuse ado questionnaire becomes part of the	ption to any applicant for any reason. This contract.

Thank you for taking the time to complete this application. The goal is not to be invasive but to find the best possible home for each animal. Please put your name and the date.

Name					
	First Name				
Last Name					
Date					
2	Month	Day			
Year					
rear					
	Here Us	s Out			
How did you find out abo	How did you find out about Walk Me Home Rescue?				
Adoptapet.com		Petfinder.com			
Facebook		Friend/Family Member			
Other website		PetSmart			
Why are you interested in adopting from a rescue?					

I understand that I assume full responsibility for the welfare of this pet from the date of adoption.