



## PERFECT PAWS ANIMAL ADVOCATES

### ADOPTION APPLICATION

[lzaletel@interomove.com](mailto:lzaletel@interomove.com)

Date: \_\_\_\_\_ Animal of Interest: \_\_\_\_\_

Breed Description: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ ☐ Male ☐ Female

#### **ABOUT YOU**

1. Your Name / Age: \_\_\_\_\_

Spouse / Significant other Name / Age: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If less than 2 years list previous address:

Street: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

3. Email address: \_\_\_\_\_

4. Telephone Home number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work number: \_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. Employer: \_\_\_\_\_

7. Driver's license or State ID number: \_\_\_\_\_

8. Please list two personal references that we may contact:

Name Relationship Phone: \_\_\_\_\_

Name Relationship Phone: \_\_\_\_\_

## **ABOUT YOUR HOME**

9. How many TOTAL OTHER PEOPLE (not including you) live in your household? Adults Children

Please list their names, ages and relationship to you:

9a. Is everyone in the household in favor of adopting or fostering a dog? ☐ YES ☐ NO

9b. Does anyone in the household have pet allergies? ☐ YES ☐ NO Who \_\_\_\_\_

10. Describe your home: ☐ House ☐ Condo ☐ Apartment Other \_\_\_\_\_

Check One: ☐ Owner ☐ Renter ☐ Sub-let ☐ HOA member ☐ Co-op member

Check One: ☐ Front door opens to street ☐ Front door opens into courtyard or entryway

☐ No Yard- Unfenced Yard ☐ Partly Fenced Yard ☐ Completely fenced yard

FOR CONDO: Do HOA rules allow pets? ☐ YES ☐ NO Any breed/size restrictions? ☐ YES ☐ NO

FOR RENTALS: Please attach Landlord's written permission or applicable rental agreement page(s).

11. Describe your yard in Size feet by feet: ☐ Small ☐ Medium ☐ Large \_\_\_\_\_ Acre(s)

Surface (grass, stone, etc.) \_\_\_\_\_

Height of fence \_\_\_\_\_ feet - Made of? ☐ Wood ☐ Chain Link ☐ Brick Other \_\_\_\_\_

Do the gates have locks? ☐ YES ☐ NO Gates open on street side? ☐ YES ☐ NO

12. Do you have a pool? ☐ YES ☐ NO – Will Dog be able to use pool? ☐ YES ☐ NO

Is Pool gated to keep kids / animals out when needed? ☐ YES ☐ NO

What safeguards if no fence or gate: \_\_\_\_\_

13. Who has access to your yard, besides you (for example, gardener, pool cleaner, children, utility, roommates, people in other units, other dogs, other pets? \_\_\_\_\_

## **ABOUT YOUR EXPERIENCE WITH DOGS**

If you currently have a dog(s): \_\_\_\_\_

14. How did you come to have the dog? \_\_\_\_\_

15. How old was the dog when you first met: \_\_\_\_\_ How old is the dog now: \_\_\_\_\_

16. How many TOTAL OTHER PETS live in your household: \_\_\_\_\_?

For OTHER PETS, please answer the following for each pet:

Name \_\_\_\_\_ Gender - ☐ Male ☐ Female – Breed: \_\_\_\_\_

Description: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered / Spayed: ☐ Yes ☐ No

17. How would you describe your level of experience with dogs? Never had a dog \_\_\_\_\_

Childhood pet: \_\_\_\_\_

Had one or more dogs as an adult: \_\_\_\_\_

Experience with dogs: \_\_\_\_\_ less than 30 lbs. \_\_\_\_\_ 30-60 lbs. \_\_\_\_\_

60+ lbs. \_\_\_\_\_ Experience with specific breeds: \_\_\_\_\_

#### Prospective Adopter / Foster Care Provider Application

Dog-related business or profession: \_\_\_\_\_

Foster or rescue experience: \_\_\_\_\_ Name of organization: \_\_\_\_\_

#### **GENERAL QUESTIONS (please answer all)**

18. How long have you been thinking about adopting or fostering a dog: \_\_\_\_\_

19. What are your primary reasons for wanting to adopt or foster a dog: ☐ Security ☐ Companionship

☐ For the children ☐ As a gift for someone ☐ Friend for current pet – Other: \_\_\_\_\_

20. If you do not have a dog now, when was the last time you had a dog: \_\_\_\_\_

21. What breed was your dog? \_\_\_\_\_ Was She / He spayed or neutered? ☐ YES ☐ NO

22. What happened to the dog? \_\_\_\_\_

23. Have you ever had an animal that required a major surgery for an injury or illness? ☐ YES ☐ NO

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

#### **PLANNING A PROSPECTIVE ADOPTION OR FOSTER CARE EXPERIENCE (please answer all)**

24. When you go on vacation, who will care for this dog: \_\_\_\_\_

25. What kind of dog food will you feed this dog: \_\_\_\_\_

26. Do you have a regular Veterinarian? ☐ YES ☐ NO Name: \_\_\_\_\_

27. Who will groom and bathe this dog: \_\_\_\_\_

28. What will you use for flea control: \_\_\_\_\_

29. Would this dog wear a collar? ☐ YES ☐ NO Sometimes-WHEN: \_\_\_\_\_

30. Would your dog walk off leash? ☐ YES ☐ NO Sometimes-WHEN: \_\_\_\_\_

31. What would happen to this dog if you had to move?  
\_\_\_\_\_

32. What is the longest this dog would be left alone each day: \_\_\_\_\_

33. Where will this dog spend its days: ☐ Inside ☐ Outside Explain: \_\_\_\_\_

34. Where will this dog sleep: \_\_\_\_\_

35. Who will be ultimately responsible for this dog: \_\_\_\_\_

36. If you have children, please describe their previous experience with dogs: \_\_\_\_\_

37. How will this dog get exercise: \_\_\_\_\_

38. How will you discipline this dog: \_\_\_\_\_

39. Will you plan to obedience train the dog: ☐ YES ☐ NO

☐ Obedience class ☐ 1-on-1 Training ☐ Videos/Books ☐ Seek help if problem arises

**FOSTER AND ADOPTED DOGS – WONDERFUL BUT LESS THAN PERFECT**

40. WHAT WOULD CAUSE YOU TO REACH YOUR LIMIT OR WANT TO RETURN THIS DOG?

**CHECK ALL THAT APPLY**

☐ Hair on your furniture/Shedding ☐ Stains on rugs ☐ Animal on the bed ☐ Illness ☐ Humping

☐ Aggression towards other dogs ☐ Barking ☐ Shy with people ☐ Biting ☐ Escaping

☐ Other pets don't like the dog ☐ Jumping up ☐ Poor watchdog ☐ Worms ☐ Digging

☐ Housetraining challenges ☐ Growling at guests ☐ Needs grooming ☐ Chewing ☐ Vet bills

☐ Not a good dog park dog ☐ Shy with dogs ☐ Food allergies ☐ Fleas ☐ Ticks

☐ Aggressive on leash ☐ Carsickness ☐ Allergies ☐ Marriage ☐ Divorce ☐ Moving ☐ New Child

☐ Spouse/partner does not like dog ☐ Financial problems ☐ Doggie destruction

OTHER \_\_\_\_\_

☐ NOTHING. I will FOSTER the dog until adopted.

NOTHING If ADOPTED I will keep the dog until She / He is no longer alive, or I am, whichever comes first.

41. How did you find out PERFECT PAWS ANIMAL ADVOCATES? \_\_\_\_\_

Name of Friend / Referral: \_\_\_\_\_

**PLANNING FOR INVESTMENTS OF MONEY AND TIME (please answer all that apply)**

**FOR FOSTER ONLY:** Basic supplies (leash, crate, food) are provided as needed

42. Are you able to provide proper grooming, diet, shelter and exercise for the Foster dog?

☐ YES ☐ NO LIMITS \_\_\_\_\_

43. If a behavioral challenge arises will you seek help from a trainer we recommend? ☐ YES ☐ NO

**FOR ADOPTION:** Dogs require investment of time and money.

44. Can you afford to provide medical care, proper grooming, diet, shelter and exercise for the dog?

☐ YES   ☐ NO   LIMITS: \_\_\_\_\_

45. Are you able to make a long-term commitment to care for this dog?   ☐ YES   ☐ NO

LIMITS: \_\_\_\_\_

46. Will you consult and pay for a trainer we recommend if challenges develop?   ☐ YES   ☐ NO

I understand that PERFECT PAWS ANIMAL ADVOCATES is an all-volunteer organization. Vaccinating, deworming, microchipping, Spay / Neuter, health needs are addressed before dog is placed.

I understand that an ADOPTION FEE is necessary to help offset costs incurred to rescue and care for each dog in need of a family.

I understand that any IMMEDIATE POST-ADOPTION costs, medical or otherwise, are the sole responsibility of the adoptive person or persons.

Applicant signature / date: \_\_\_\_\_

Applicant signature / date: \_\_\_\_\_

Review date: \_\_\_\_\_   Reviewed by: \_\_\_\_\_