



Adoption Application

Adopter Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Primary)

Phone: _____ (Alternate)

Phone: _____ (Alternate)

Email: _____

Personal Information

In consideration of Pack Life Canine Rescue (PLCR) receiving this application, Adopter(s) authorizes PLCR to investigate and disclose any information provided herein or later obtained to ensure compliance with or otherwise enforce any provision of a subsequent adoption(s)

Driver's License Number: _____ State: _____

Employer Information

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Property Information

Type of home (apartment, condo, house, farm, etc.): _____

_____ I own my home and am permitted to bring a dog into my dwelling.

_____ I rent my home and am permitted to bring a dog into my dwelling.



Pack Life Canine Rescue

www.packliferescue.org

Landlord's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

(By providing this information, you authorize and consent to PLCR to contact your landlord.)

Length of time at this residence: _____

_____ I have a fenced-in yard. Size of yard: _____

Height of fence: _____ Fence is made of: _____

The fence has a gate: _____

The gate has a lock: _____ Describe the lock: _____

Other Animals in the Household

I have _____ companion animals in my home currently.

Please provide the following information for each animal currently in your care at your home and for those who have been in your care for the last 2 years but who are no longer with you (please use the back of this form if more room is needed):

Name: _____ Age: _____

Species: _____ Breed: _____

_____ Currently under my care at my home

_____ Lived under my care in my home in the past 2 years, but is no longer with me.

What happened to him/her? _____

Spayed/Neutered: _____ If not, why? _____

Are all pets current on vaccinations? _____

Have you ever surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?



Veterinarian Information

(If less than 5 years with this veterinarian, please provide contact information for your previous vet as well. By providing this information, you are allowing PLCR to contact your veterinarian(s).)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

References

(Please provide the names/information for 2 people who are not related to you but who know you and your companion animals and have been to your home recently)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Home Environment

Please provide the following information on all individuals living in the household. If additional space is needed, please use the back of this form.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

When answering the following questions, please remember that there are no "right" or "wrong" answers! We love our dogs and want to be sure that you and/or your family are matched perfectly with a Pack Life dog by focusing on questions that all pet owners should consider before making the adoption decision.

Please describe your household:
_____ Active _____ Noisy _____ Quiet



What activities are you interested in doing with this dog (circle those that apply)?

Running Dog Park Neighborhood Walks Obedience or Agility Training
Hanging Out/Watching TV Festivals and Outdoor Events Weekend Trips

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

What is ideal dog to you and why?

Desired:

Age _____ Gender _____

Size _____

Breed _____

Any breed you would NOT adopt? _____

Willing to adopt: outgoing/"hyper" dog
 shy dog
 dog that needs regular medication
 dog that needs training
 dog that needs grooming
 none of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) per day this dog will spend alone? _____

How much time do you want to spend exercising this dog every day? _____

Who will have primary responsibility for this dog's daily care? _____

In case of an emergency, who will care for this dog? _____



How will your dog be cared for when you go out of town, or on vacation?

Who will have financial responsibility for this dog? _____

When the dog goes out, how do you plan to supervise it?

What training methods have you used with your dogs in the past?

What would you do if your dog developed problems with?

Housetraining:

Digging:

Barking:

Chewing:

Do you agree to provide regular health care by a licensed Veterinarian? Yes No

Do you agree to keep this dog as an indoor dog? Yes No

Do you agree to never leave this dog tied without direct supervision (a person in the same space as the dog)? Yes No

Once a Pack Life Dog, Always a Pack Life Dog

Do you agree to contact Pack Life Canine Rescue if you are no longer able or do not want to keep this dog for whatever reason, and that you will not rehome this dog, surrender this dog to a shelter, pound, other company or other rescue, or abandon this dog without contacting Pack Life Canine Rescue and returning him/her to us?

Yes No

Representation of Accuracy

All of the information I have provided is accurate, true and complete. This dog will reside in my home as a pet. I will provide him/her with quality dog food, plenty of fresh water, indoor shelter, affection and an annual physical examination and vaccinations under the supervision of a licensed veterinarian. I acknowledge and agree that providing this information does not obligate Pack Life Canine Rescue to approve any adoption.

Signature: _____ Date: _____

Comments: