Adoption/Foster Application

Please fill out completely and email back to allheartanimalrescue@gmail.com or fax to 888-630-1232

Please be patient with the application process. We are all volunteers with full time jobs and we will do the best we can to process your app in a timely manner. However, we want to make sure our pets are going to the best homes for their needs, and it may take several weeks for us to complete all of the steps. We reserve the right to decline an application for any reason.

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| First Name |  | Last Name: |  |
| Co-Applicant: |  | Last Name: |  |
| Street Address: |  |
| City: | State & Zip: | Mailing address (if different) |
| Home Phone: |  | Cell Phone: |  |
| Work Phone(s): |  | Email Address: |  |

Are you over 18? Yes or No

Please fill out the balance of this application to the best of your ability. Use additional blank sheets or the bottom of the last page if you need more room.

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| Age desired: Any, Specific Age, Senior (8 years and older):  |  |
| Is there a specific dog that you are interested in?  |  |
| If so, which one? Name  |  |
| Why are you interested in this particular dog?  |  |
| Would you consider a Special/needs dog - one who requires medication?  |  |
| Will you accept a mix?  |  | Activity Level: High, Med, Calm  |  |
| Sex: (Male, Female, Either)  |  | Ages of ALL family members: |  |
| Do they or other family members live with or visit you often?  |  |
| Do they share your interest in adopting a dog?  |  |
| Who is the dog primarily for:  (Adult, Child, Elderly)  |  |
| Who will care for, train and exercise the dog?  |  |
| Does anyone in your household have allergies to pets?  |  | If Yes, what is done to control the allergies? |  |
| May we visit your home prior to application approval? |  | If Yes, when is best? |  |

**Please list all the most recent pets you have owned in the past:**

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| --- | --- | --- | --- |
| Species (dog/cat) | Sex   | Spayed/ Neutered | What happened to the pet? Please add pet’s name (vet check reasons) |
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**Please provide the full name, City, State, and phone number (very important) of your current veterinarian. PLEASE CALL YOUR VET AND GIVE US PERMISSION TO CONTACT THEM FOR A REFERENCE.**

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| --- | --- | --- | --- |
| Name |  | Phone |  |
| City |  | State & Zip |  |
| Where do you purchase heartworm preventive if not from your veterinarian? | Brand? |
| Please identify any other veterinarians that you have used most recently: |
| Name |  | Phone |  |
| City |  | State & Zip |  |

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| How long have you lived at your current address? |  | Do you own or rent? |  |
| Renters: Must provide Landlord's name/phone:  |  |
| Do you have the permission of your landlord to have a dog? If so up to what size? | Yes or No Size |

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| Will the dog be allowed in the house? |  | How long daily will the dog be left alone (without humans)?  |  |
| Where will the dog stay when you are away from the house? |  |
| Are you familiar with the use of a dog crate to train the pet during your absence or at night? |  |
| Is your yard fenced?  |  | Type of fence? (include Height, Width, and Length)  |  |
| If you do not have a fence, will you install one? |  | Do you have doggy door? |  |
| Will the dog be walked daily? |  | Exercised in a fenced yard? |  |
| Ever allowed to run free without supervision? |  | Will your dog receive formal obedience training? |  |
| Do you have a pool?  |  | Are you aware that routine costs average $500/dog/year?  |  |

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| Have you ever sold, given away, or surrendered a pet to a shelter? |  |
| If yes, please specify why |  |
| Please tell us why you want a dog: |  |
| Please tell us a little of your lifestyle, your family including any special activities in which your dog would be included.  (If you have any requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle) |  |
| Please describe what kind of discipline you would use to correct your dog. |  |
| Under what circumstance(s) would you want to surrender, sell, or give away the dog you are interested in adopting? |  |
| When you move what will you do with your dog? |  |
| Do you understand the state and local ordinances concerning licensing and leashing? Are there any breed specific laws in your area? (If you don’t know, please find out before answering) |  |
| Have you, or any member of your family or household ever been cited for leash law violations or cruelty to animals in the past? |  |
| If YES please specify: |  |
| When you go on vacation who will care for your dog and where will it be care for? |  |

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| I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge.  I/we understand that completion and submission of this application does not guarantee adoption of a dog.  |
| Applicant's Signature | Submission by email will serve as signature agreement | Date: |  |
| Co-applicant's Signature |  | Date: |  |

Additional space for answers: