



# REFUGE RESCUE

## Dog Adoption Application Form

[www.RefugeRescue.org](http://www.RefugeRescue.org)

6 7 8 . 2 5 0 . D O G S

Submission Date: \_\_\_\_\_

### Adoption Procedure:

- Completely fill out the application and email to [adoptions@refugerescue.org](mailto:adoptions@refugerescue.org)
- All fields are required. Incomplete applications will be denied.
- Your app will be reviewed, and you will be contacted within 10 days if you are selected.
- For applications selected, a vet check will be done, then a home visit will be scheduled.

### Adoption Applicant Information:

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Type of Employment: ☐ Full Time ☐ Part Time ☐ Self Employed ☐ Retired  
☐ Unemployed ☐ In College ☐ Work from home/Stay at home

Have you previously adopted from Refuge Rescue: ☐ Yes ☐ No

If yes, please provide name of adopted animal: \_\_\_\_\_

### Residence Information:

Current Residence: ☐ Own ☐ Rent Length at current residence: \_\_\_\_\_

Type: ☐ Single Family Home ☐ Townhouse / Condo ☐ Apartment ☐ Other: \_\_\_\_\_

If renting, name and phone number of landlord: Name: \_\_\_\_\_

(By providing this information you are allowing RR to contact your landlord.) Phone: \_\_\_\_\_

How many times have you moved in the past 5 years? \_\_\_\_\_

Any Fencing? ☐ Yes ☐ No If yes, Height: \_\_\_\_\_ Type: \_\_\_\_\_

## Family Information:

Names / ages of adults living in your home:

---

---

---

---

---

Names / ages of any children living in your home:

---

---

---

---

---

Does anyone in the family have a known allergy to dogs? ☐ Yes ☐ No

Is everyone in agreement with the decision to adopt a dog? ☐ Yes ☐ No

## Pet Information:

Over the past five years, list the pets you have owned (*include all pets currently in the home*):

NAME	TYPE OF ANIMAL	SIZE	AGE	OWNER
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Are all the above listed pets up to date on vaccines? ☐ Yes ☐ No

Are all the above listed pets on heartworm prevention? ☐ Yes ☐ No

Are all the above listed dogs/cats spayed/neutered? ☐ Yes ☐ No

If no, please give reason(s): 

---

Have you ever surrendered a pet to a shelter, animal control, animal rescue, or given a pet away? ☐ Yes ☐ No

Have you ever had a pet euthanized? ☐ Yes ☐ No

If so, please give reason(s): 

---

---

## Veterinarian:

Do you have a regular veterinarian? ☐ Yes ☐ No

Veterinarian's Name: 

---

Clinic Name: 

---

Clinic Address: 

---

Clinic Phone: 

---

*Providing this information you are allowing Refuge Rescue to call your vet. Please call your vet and ask them to authorize the release of information to Refuge Rescue.*

## About the Dog You Wish to Adopt:

Please list any preferences (*age, sex, breed, personality, activity level, and/or name of dog posted on the RR website*):

---

---

Willing to adopt: ☐ Hyper ☐ Shy  
☐ Needs grooming ☐ Medical needs  
☐ Needs training ☐ Other special needs

Where will the dog spend the day? \_\_\_\_\_ Where will the dog spend the night? \_\_\_\_\_

Number of hours (average) dog will spend alone? \_\_\_\_\_

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

How much would you be willing /able to spend if your dog becomes ill or injured: (*check box below*)

☐ up to \$500 ☐ \$500-\$1000 ☐ Whatever it takes to provide appropriate care

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

Do you agree to contact Refuge Rescue if you can no longer keep this dog? ☐ Yes ☐ No

Are you willing to let a representative of Refuge Rescue visit your home by appointment? ☐ Yes ☐ No

How did you hear about Refuge Rescue? \_\_\_\_\_

Would you be interested in fostering? ☐ Yes ☐ No Would like to know more? ☐ Yes ☐ No

## Personal References: *Please list someone who is familiar with both you and your pets...*

### Reference 1 Name:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: (*relative, neighbor, friend, etc.*) \_\_\_\_\_

### Reference 2 Name:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: (*relative, neighbor, friend, etc.*) \_\_\_\_\_

I certify all of the information I have given is true and complete. This dog will reside in my home as a pet. I agree to provide quality dog food, fresh water, indoor shelter, affection, annual examinations and vaccinations under the supervision of a licensed Veterinarian.

Prior to placement of dog in your home, an adoption contract will be completed. If you choose to return the dog and cancel your contract within (7) days, half of the adoption fee will be returned and half will be classified as a charitable contribution. A tax receipt will be provided.

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Be sure to SAVE your completed application document to your desktop prior to emailing to Refuge Rescue!**