

Friends of Canines Animal Rescue Adoption Application

Date:

Personal Information

Name:

Spouse/Partner:

Address:

City: State: Zip:

Email:

Home phone:

Cell phone:

Your employer:

Spouse/Partner employer:

Does you or your spouse's/partner's job require frequent out-of-town travel? Yes No

Are you or your spouse/partner subject to relocation? Yes No

Are you a student? Yes No

If "yes" enter anticipated graduation date:

Are you in the military? Yes No

If "yes" enter anticipated discharge date:

Family Information

How many children are living at home?

Names and Ages of all children listed above:

Besides your family members listed above, are there others residing in your home? Yes No

If "Yes" names and relationships of all others residing at your home:

Is there anyone in your home allergic to animals? Yes No
 Does anyone have asthma? Yes No

Home Information

How long have you lived at your current address?
 If less than two years, please provide your previous address:

Please describe your neighborhood: City Suburb Country/Rural

Please describe your type of dwelling:
 Apartment Duplex/Triplex Townhouse/Condominium Mobile Home House Farm/Ranch

Do you own or rent? Own Rent
 If you rent, please provide the name and phone number of your landlord:

Does your home have a yard? Yes No
 If yes, please describe restraint system:
 run loose in the yard tie-out dog run invisible fence conventional fence
 If your yard is fenced, please describe what kind:
 How tall is the fence or fences?
 Would your dog(s) have access to any toxic plants in your yard (e.g. Oleander)
 Yes No Unsure
 If yes, please describe:

Is the gate currently locked with a padlock? Yes No
 Can strangers gain access to your yard from the street? Yes No

Other Pet Information

Do you have other pets at this time? Yes No
 If "yes" are they spayed or neutered yet? Yes No
 If "yes" are they currently on heartworm preventative? Yes No
 If "yes" are they indoor or outdoor? Indoor Outdoor Both

Please describe your pets in detail including gender:

Type of Animal and breed?	Age	Gender	Spayed or Neutered?	Indoor/Outdoor/ Both	Likes/Dislikes
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		

Have you ever owned a dog before? Yes No

If you have owned pets in the past, how did you exercise them?

If you have owned pets in the past and do not own them any longer now, what happened to them?

Placement Information

Are you looking for primarily an indoor dog or primarily an outdoor dog? Indoor Outdoor

What role would you like your new dog to play in your life? (please check all that apply)

Companion/pet Obedience Protection Therapy Hunting

Other roles: (specify)

Please describe where the dog will stay when you are at home:

Please describe where the dog will sleep at night:

Please describe where the dog will stay when you are gone during the day:

How many hours per day will the dog be alone?

Do you have a crate? Yes No

If "yes" how many hours per day will the dog be crated?

Do you plan to use a crate? Yes No

why or why not?

Do you currently have a dog door? Yes No

If "no" would you consider putting one in? Yes No

What kinds of solutions would you be willing to try if housebreaking accidents occurred?

(please check all that apply)

Crate dog door leave outside none, I would need to return the dog

other solutions (specify):

Please describe where the dog will stay when you are away on vacation or gone for a few days:

How do you plan on exercising your dog?

Are you familiar with the signs of gastric torsion (bloat)? Yes No

References

Do you have a current Veterinarian? Yes No

Please provide us with your current veterinarian information:

Name:

Friends of Canines Animal Rescue

<http://www.friendsofcanines.org/>

P.O. Box 563, Tracy CA 95376

rescue@friendsofcanines.org

Ph: (209) 832-2783

Fax: (480) 247-4575

Address:

City: State:

Phone:

If less than five years, please provide us your previous veterinarian information:

Name:

Address:

City: State:

Phone:

Please provide a personal reference that is not related to you:

Reference #1:

Name:

(day phone): (evening phone):

And Finally...

Do you have a gender preference? Male Female Either

Age preference?

Is there a dog on our web page that you are especially interested in?

If you were referred by anyone, please tell us so we may thank them:

Please give us any other information that may help us make the best match for you and your new dog:

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Thank you for considering a shelter rescue dog. ☺