

The Last Dog Rescue

FOR OFFICE USE ONLY			
Adoption Coordinator:		<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Notes:		Date: ___ / ___ / ____	



Adoption Application

Submit completed application by email, fax, or mail

Email: Beth@TheLastDogRescue.org

Fax: 717-246-3285

Mail: 314 E Broadway Red Lion, PA 17356

Applicant Personal Information *(NOTE: Applicant must be at least 18 years of age)*

Name:		Age:	
Address:			
City:	State:	Zip Code:	
Driver's License #:	License State:		
Home Phone #:	Cell Phone #:		
Email:			
Employer:	Position:		
Work Phone #:			

Co-Applicant Personal Information *(NOTE: Co-Applicant must be at least 18 years of age)*

Name:		Age:	
Address:			
City:	State:	Zip Code:	
Home Phone #:	Cell Phone #:		
Email:			
Work Phone #:	Relation to Applicant:		

Household Information

Please list the residents of your household *(other than applicant and co-applicant)*

Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	

If any of the above named are children, what is their experience with dogs? Frequent Some None

Lived with: Large Dog Small Dog

Do you plan to have children within the next 10 years? Yes No

Is anyone in the household allergic? Yes No

Do you live in a: House Condo Apartment Townhouse

Do you: Own Rent *If renting, a final copy of your lease agreement MUST accompany your application!*

If you rent, have you received permission from your landlord to have a dog? Yes No

If you rent, is there a weight limit on dogs in your rental property? Yes No

Landlord Name: _____ Phone# (w/ area code): _____

If you move, what will you do with your dog? _____

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Pet Care Experience

- Have you ever owned a dog before? Yes No *If yes, as an* Adult Child
 Have you ever crate trained a dog before? Yes No *If yes, as an* Adult Child
 Have you ever housetrained a dog before? Yes No *If yes, as an* Adult Child
 Have you ever obedience trained a dog before? Yes No *If yes, as an* Adult Child
 Are you willing to put in the time to housetrain this dog? Yes No
 Are you willing to enroll this dog in obedience training? Yes No

Please list all **CURRENT** pets in your household:

Name	Breed/Species	Sex	Age	Spayed/Neutered	Amount of Time Owned
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	

- Is your current dog licensed? Yes No N/A Will you license this dog? Yes No
 Are your pets current on all vaccinations? Yes No

Veterinary Information *(if applicable)*

Veterinarian's Name:		Phone# <i>(w/ area code)</i>	
Practice Name:			

Please list all **PREVIOUS** pets in your household:

Name	Breed/Species	Sex	Age	Spayed/Neutered	What Happened?
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	
		M / F		Y / N	

Dog Ownership

- Why do you want to adopt a dog? Companion Gift Guard Dog For child Other: _____
 Are you prepared to care for a dog for the rest of its life, through illnesses and old age? Yes No
 Have you considered that over time a dog may require changes to your life including (a) providing your dog with more frequent opportunities to eliminate; (b) providing your dog with more padding in their bed as old age sets in; (c) providing your dog with medications; or (d) adjusting your routine? Yes No

General Questions

- Estimate the cost to take care of a dog each year *(food, vet, toys, license, training, supplies, etc.)*: \$ _____
 About how many hours will the dog be home alone (without human) during a typical workday? _____
 When no one is home, where will the dog be kept? Crate Run of house Access to dog door
 Garage Outside kennel w/ doghouse
 Other, please specify: _____
 Where will the dog sleep? (Please be specific) _____
 How do you plan to exercise the dog? _____
 When outside, the dog will be kept: In a fenced-in yard On a leash Allowed loose Tie Out/Lead
 Trained to stay in boundary Other, please specify: _____
 If yard is fenced, what type? _____ Height? _____

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Pet Characteristics

If you are applying to adopt a specific dog, please list their name(s): _____

If you are not applying for a specific dog, please select preferences below:

Gender No preference Male preferred Male required Female preferred Female required

Age No preference Under 1 year 1-2 years 3-4 years Over 5 years

Activity Level No preference Highly Active Moderately Active Couch potato

References

Please list three (3) references. One may be a family member. Others may include neighbors, co-workers, etc.

Name	Relationship	Phone# (w/ area code)

As part of the application process we require a home visit. Will you allow a home visit? Yes No

How did you hear about The Last Dog Rescue? _____

Have you previously adopted a dog from us? Yes No If yes, who/when? _____

Thank you for your interest in adopting a dog from The Last Dog Rescue. Please make a copy of this application for your reference before submitting. Your application can be submitted by email, fax or mail. An adoption coordinator will contact you for an interview within two weeks of receipt. If you have not heard from us in that time or have questions about the process, please contact us at Beth@TheLastDogRescue.org.

I represent that all information on this form is true and correct to the best of my knowledge. I understand that any misrepresentation of fact may results in the removal of the adopted dog from my home by The Last Dog Rescue. This dog will reside in my home as a pet. I will provide it with medical care. If the dog is not spayed/neutered at the time of adoption due to age, I agree to spay or neuter the dog as soon as medically possible and forward evidence to The Last Dog Rescue by the date requested. I agree to return the dog to The Last Dog Rescue if I am no longer able to care for the dog. I am in full agreement with these terms of adoption. The Last Dog Rescue is in no way liable or responsible for any damage, accident, or injury resulting for the placement of a dog in my household. I understand that there is a \$325 adoption donation to help offset pulling fees and vet fees already incurred by said rescue. Additional transportation costs may apply based on my location.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____