

# RCHS \*\*\*\* DOG \*\*\*\* PRE-ADOPTION APPLICATION

Shelter Buddy ID \_\_\_\_\_

**PLEASE PRINT CLEARLY**

<b>Name</b>			<b>Date</b>
<b>Address:</b>		<b>Apt/Unit#</b>	<b>Tel# Home</b>
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Cell</b>
			<b>Work</b>
<b>Email</b>			

Are you .. (check one)     under 21     21-25     26-35     36-54     55+

Are you a college student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is everyone present today? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Who is not present today? _____
How many adults in the household?	Do you have children who visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many children under 18? _____ Ages: _____	Have you adopted from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
What has happened to the pets you have owned in the past 5 years?	

## RESIDENCE INFORMATION

Background checks are completed re: home ownership and rental approval.

**Check one**

Type of home     Apartment     Condo     Military Housing     House     Live with Parents     Other \_\_\_\_\_

Do you own your home?     Yes     No

For how long?    \_\_\_\_\_ years    \_\_\_\_\_ months

If you own your condo/town home please check with your homeowners' association regarding their pet policy

If you rent: Name of Apartment Complex (if applicable): \_\_\_\_\_

Landlord or Property Management Company Name & Phone Number: \_\_\_\_\_

How long have you lived at your current address?    \_\_\_\_\_ years    \_\_\_\_\_ months

Are there pet weight or breed restrictions?     Yes     No    If yes, please specify \_\_\_\_\_

## FAMILY INFORMATION

**Check all that apply**

Is this dog for?     **→**     Yourself     Family Pet     Companion for pet at home

Your children     Gift     Protection/guard dog

Who will ultimately be responsible for the feeding socialization and training of the dog?     **→**    **Please print clearly**

Under what circumstances would you not keep this dog?     **→**    **Please print clearly**

Note: RCHS will always take their pets back if needed and will place in a new home.

Describe the personality of your ideal dog.     **→**    **Check all that apply**

Active     Mellow     Cuddly     Independent     Couch potato     Social butterfly     Athletic     Other \_\_\_\_\_

On a scale of 1-5 circle your Family's activity level

**Couch potato 1.....2.....3.....4.....5 Super Sonic!**

Would you like information on any specific behavior or training issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many animals do you have at home? Dogs____    Cats____    Rabbits____    Other____
<b>If yes, please specify</b>	

**Back page →**

Please list all pets residing at your home (including roommate's pets )

Breed/Type	Age	Sex	Spayed or Neutered		Time Owned	Where is pet kept
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		

<p>Do any members of the family have allergies specific to animals?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>When outdoors how will the dog be confined? <b>(check all that apply)</b>  <input type="checkbox"/> fence    <input type="checkbox"/> zip-line,    <input type="checkbox"/> invisible fence    <input type="checkbox"/> chained  <input type="checkbox"/> dog kennel    <input type="checkbox"/> Other _____</p>
<p>Time away from home <b>(check one)</b>  <input type="checkbox"/> Mostly home all day  <input type="checkbox"/> Out part time (4-6 hrs)  <input type="checkbox"/> Away for 8 or more hours</p>	<p>Do you have a yard?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes:          Type of fence _____          Height of fence _____  <b>Note:</b> A yard is not a requirement for adoption.</p>
<p><b>Please describe the specific location:</b>          Where will the new dog be kept when you are not at home? _____          Where will the new dog be kept when you are at home? _____          Where will the new dog sleep at night? _____</p>	<p>When do you anticipate these changes in lifestyle:</p> <ul style="list-style-type: none"> <li>• Moving _____</li> <li>• Having children _____</li> <li>• Acquiring other pets _____</li> <li>• Other _____</li> </ul>

**Name(s) of Dog(s) you are interested in meeting:**

**All puppy adoptions require a \$50 refundable training deposit. Ask your adoption counselor for details. Please initial**

**PLEASE READ THE FOLLOWING CAREFULLY**

I hereby certify that the above information is true. I understand that any falsification discovered during the adoption process may result in the nullification of this adoption.

I understand that this dog may live 15+ years and I am prepared to give it the medical and emotional care and support that it needs. In addition, I understand that dog expenses ie food, medical care, vaccinations, licensing, training and supplies may average \$1,200+ annually. Adoptions are based on best match, thus this application may not necessarily result in the adoption of the animal(s) listed above. Please know that the staff at RCHS strive to achieve the most successful match for both dog and prospective family.

**BY SIGNING BELOW I ACKNOWLEDGE HAVING READ THIS APPLICATION, ANSWERED ALL QUESTIONS AND FULLY UNDERSTAND THE RESPONSIBILITY OF ADOPTING A PET.**

**Applicant's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED BY RCHS STAFF**

Date: \_\_\_\_\_ Staff Initials \_\_\_\_\_

Approved

Denied

Comments: