

Date: ____ / ____ / ____

Case Number _____

**SPIRIT Canine Rescue
Adoption Application**

Our goal is to create a community where healthy animals are not killed in the shelter, and animals are kept safe, healthy and loved in their homes! Thank you for your interest in adopting a rescued dog! Once your adoption application is received, we will send you confirmation that it is being reviewed. PLEASE fill out all information in order for us to help you efficiently. One of our dedicated volunteers will be in touch regarding any questions you may have. Please allow at least a week for processing.

Our regular adoption fee is \$150.

- Prior to adoption, all dogs receive the following: parvo/distemper vaccination, rabies vaccination, heartworm test and treatment (if needed), spay/neuter, and microchip.
- Adopters must be at least 21 years old.
- Dogs must go to indoor ONLY homes
- A completed application and home visit are required prior to adoption

In which dog(s) are you interested? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home Phone: _____ Cell Phone _____

Please describe in detail the perfect pet for you, including age, size, sex, breed and temperament. If the pet you are interested in is not available, we will be happy to help find the perfect-fit rescue dog for your household:

Family Information

Please list how many adults / children are in your household (with ages).

Home Information

Do you own or rent? Own Rent

If you rent, please provide the name and phone number of your landlord. We will want to confirm with your landlord that you will be permitted to have a pet in your home.

How long have you lived at your current address? _____

Please describe your neighborhood:

Does your home have a yard? Yes No

Does fencing completely enclose the yard? Yes No

If not, explain how and where you will allow a dog to exercise and relieve itself?

If your yard is fenced, please describe what kind (type and height):

Some insurance companies may cancel your homeowner's insurance if there is a pet on the premises. It is your responsibility to check with your agent to ensure that adopting a pet will not adversely affect your policy. For breeds which may be "blacklisted" with insurers (for example pit bull-type dogs, German shepherds, Rottweilers, chows) we may require your permission to check your insurance company general policies for breed restrictions.

Other Pet Information

Have you adopted or fostered a pet before? Yes No If yes, which group or shelter? _____

Do you have others pets at this time? Yes No

If you have other pets, please list all current animals in your household (use additional sheets if needed):

Breed	Age	Sex	Spayed/Neutered?	Other information?

If you currently own other pets:

Are your pets up to date on vaccinations? Yes No If no, why not? _____

Are they currently on heartworm/flea and tick preventative? Yes No

Are they indoors or outdoors? Indoors Outdoors

Do your pets get along with (tolerate) other animals? Yes No

If no, please explain. (We can also work with you on how to introduce new animals into your home):

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

Please describe where the pet will stay when you are away:

Please describe where the pet will sleep at night:

How many hours per day will the pet be alone? _____

Do you have a crate? Yes No

Do you plan to use a crate? Yes No Why or why not?

If yes, how many hours per day will the pet be crated? _____

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

Crate Leave outside None I would need to return the pet Other (specify)

Have you ever surrendered a pet to a shelter or rescue? Yes No

If yes, why? _____

Have you ever had a pet euthanized? Yes No

If yes, why? _____

References

Many veterinarians will not release information to us without your permission. Please let your vet know that someone will be calling them and that it is OK to release information to us. I called my veterinarian(s) on this date: _____ and I spoke with: _____ to let them know that someone will be calling and I have given my permission for them to release information to you.

Approximate date of last vet visit: _____

Please provide us with your current veterinarian information (required):

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Please provide two references not related to you:

Reference # 1: Name: _____ Phone: _____

Reference # 2: Name: _____ Phone: _____

My answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

If you have questions, please email us at spiritcaninerescue@gmail.com