



DOG ADOPTION APPLICATION

Dog Chosen: 1st Choice: _____ 2nd Choice: _____

Adopter's General Information:

Legal First Name _____ Middle Initial _____ Last Name** _____ **Previous Name(s) if applicable

Street Address _____ Home Phone _____

City, State _____ ZIP Code _____ Cell Phone _____

E-mail _____ Birth Date (00/00/00) _____ Work Phone _____

Occupation _____ Employer Name/ How long employed there _____

Have you adopted from K&R previously? Yes* No If **yes**, approximate date adopted: _____

Property Information:

House Duplex Apartment Condo Mobile Home

I own I rent* I live with a parent/ guardian

How long have you lived at this address? _____

****If you rent**, name of landlord/condominium manager: _____

**Landlord phone: _____ **Landlord E-mail: _____

Spouse/Roommate/Partner's Legal Name* & Date of Birth: _____

Date of Birth: _____ *Previous Name(s) if applicable: _____

Occupation _____ Employer Name/ How long employed there _____

Names and ages of children (if applicable): _____

Does anyone in your home have allergies? Yes No

If yes, who and type of allergy: _____

Who is the dog for? Myself My family My children Relative Friend

Dog will be kept: Indoors Outdoors Both indoors and outdoors

Do you have a fenced yard or an indoor/outdoor kennel? Yes No Which? _____

If no, are you planning to fence your yard, and if so, when? _____

If you found it was needed, would you be willing to fence in a portion of your yard? Yes No

~~**If you had to describe your household, would you say it is (check all that apply):**~~

- Quiet Many Visitors Few Visitors Lots of Activity Often gone in evening/weekends
 Other (please describe): _____

What activities would your ideal dog participate in? (check all that apply):

- Walk / jog / run with yourself / family member Playmate / companion for you, your children
 Go hunting / fishing with you Compete in various trials (agility, flyball, field, etc.)
 Other (please describe): _____

Pet Information: Have you ever had a companion animal before? Yes No

Were you the primary caretaker? Yes No **If not**, who is/was? _____

Have you ever surrendered or re-homed a pet? Yes No **If yes**, please explain: _____

Please list current and other pets you have owned in the past ten years: (Continue on another sheet if needed.)

Breed of Animal	Pet's Name	M/F	Spayed/Neutered	Age	Still have?	If not- reason why:
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—
—	—	<input type="checkbox"/> M/ <input type="checkbox"/> F	<input type="checkbox"/> Y/ <input type="checkbox"/> N		<input type="checkbox"/> Y/ <input type="checkbox"/> N	—

Veterinarian Information:

List your current / previous / future veterinarian(s). This is a requirement for new pet adoptions, and all pets must be up-to-date on vaccinations and be altered. **Please call their office to authorize release of information to K&R.** If you plan to utilize another vet, please note that here.

Veterinarian Name(s): _____ Vet Clinic Name(s): _____

Current Veterinarian Phone: _____ and/or E-mail: _____

References:

Provide two non-related references and their relationship to you. Please advise them that a K&R volunteer will be contacting them, so they expect our call/email:

Name / Relationship _____ Phone(s) _____ E-mail _____

Name / Relationship _____ Phone(s) _____ E-mail _____

As your new dog transitions to your routine, it may take a month (or more) to adjust. Are you prepared for your new dog to have some accidents (chewing, pottying, etc) upon arriving in your home? Yes No

Will you crate train your new dog? Yes No **If no**, would you be willing to crate if necessary? Y N

Will you register your new dog for an obedience/training course? Yes No

If yes, what facility are you considering? _____

Are you interested in receiving more information on local training facilities? Yes No

How will you train your dog? (please be specific):

Barking _____

Chewing _____

Digging _____

Jumping _____

Nipping/ Play biting _____

Potty Training _____

Daily, how much time do you anticipate spending with your dog to provide exercise / playtime? _____

In an average year, how much do you estimate spending to provide (list \$ amount):

Vet care for your dog? _____ Flea/tick & Heartworm preventatives: _____

Food, supplies, toys, etc.? _____

What brand of food do you plan to feed? _____

Why do you want to adopt this dog? _____

Additional Information:

To meet a pet, a potential adopter should fill out the adoption application, meet the pet and have a compatibility interview. We give preference to adopters in the Fox Valley. We do not use a first-come, first-serve process and we decide who is going to be the best match for each pet. The process is intended to ensure a best-fit, long-term successful adoption for both the family and pet. We do not do same-day adoptions.

* You must be 21 years of age or older to apply to adopt a pet.

* By signing this adoption application, you agree to provide vaccinations, health check-ups, monthly heartworm preventative, and any additional veterinary care by a qualified veterinarian on a yearly basis.

* Your adoption fee is a donation to K&R and is nonrefundable.

* When adopting a dog or puppy, **you must bring a leash, collar, and ID tag** along when picking up your new pet. **Please contact K&R for appropriate size collar to ensure the safety of your new pet.**

* If you rent, provide a copy of your lease and addendum allowing pets to K&R Small Animal Sanctuary.

By signing this form, I/we acknowledge that the information on this form is true and correct. I/we agree to all provisions indicated on this form. I/we understand that any misrepresentation of fact may result in K&R Small Animal Sanctuary refusing adoption privileges to me/us. If my/our request for adoption is approved and later K&R Small Animal Rescue discovers the above information is not true or correct, this application becomes null and void. Because of my breach of contract, K&R Small Animal Sanctuary reserves the right to remove the adopted pet from my home, and I will be held responsible for any associated legal costs incurred as part of said reclamation process. *In order to ensure the best homes for our rescued pets, we reserve the right to deny any adoption application.*

Signature _____

Signature of 2nd applicant _____

Date _____

How did you hear about K&R? Word of mouth Petfinder.com Adoptapet.com Web Site

Other (please describe): _____

Thank you for applying to adopt a pet from K&R Sanctuary!

*Please allow **48-72 hours** to process your application. We are 100% volunteer-run and appreciate your patience.*

For Office Use Only:

Date/ time received: _____

Approved Not Approved Reason: _____

Signature of Staff Volunteer _____

Initials of Staff/Volunteer _____

Date _____

Adoption Donation: _____ Payment Method: _____ Foster Home: _____