



Follow Us On FACEBOOK  RU4Me Pet Rescue  
 WEBSITE: ru4mepetrescue.rescuegroups.org  
 EMAIL: ru4mepetrescue@yahoo.com  
 MAIL: P.O. Box 6221 Lake Worth FL 33466

## DOG ADOPTION APPLICATION

GENERAL INFORMATION					
DATE:					
NAME OF DOG APPLYING FOR (IF KNOWN):					
YOUR NAME:					
AGE:		MARITAL STATUS:			
SPOUSE/PARTNER'S NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
EMAIL:		CELL:			
WK PHONE:		HOME PHONE:			
ALTERNATE PHONE:					
ADDITIONAL PERSONAL INFORMATION					
WILL THIS BE THE FIRST PET YOU HAVE EVER OWNED?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
WILL YOU ALLOW A REPRESENTATIVE TO DO A HOME VISIT?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU EMPLOYED?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYER NAME:					
EMPLOYER ADDRESS:					
HOW MANY HOURS DO YOU WORK OUTSIDE THE HOME?					
ARE YOU FINANCIALLY ABLE TO CARE FOR A NEW PET?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOUSING INFORMATION					
<b>RESIDENCE</b>					
DO YOU RENT OR OWN?				RENT <input type="checkbox"/>	OWN <input type="checkbox"/>
TYPE OF RESIDENCE?    SINGLE FAMILY <input type="checkbox"/> CONDO <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/>					
HOW LONG HAVE YOU LIVED THERE?					
DO YOU LIVE IN A HIGH RISE BUILDING?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHAT FLOOR?					
DO YOU HAVE A BALCONY?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, IS IT SCREENED?					
DO YOU HAVE A BACKYARD?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YES, IS IT FENCED?	
DO YOU OR ANYONE IN YOUR HOUSEHOLD SMOKE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HOW MANY HOURS WILL YOUR DOG BE LEFT ALONE?	
WILL PET BE INSIDE, OUTSIDE, OR BOTH DURING THE DAY?	
WHERE WILL YOUR DOG SLEEP?	
ARE YOU PLANNING TO MOVE SOON?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YOU HAD TO MOVE TO A PLACE THAT DID NOT ALLOW PETS, WHAT WOULD YOU DO WITH YOUR ADOPTED DOG?	
<b>HOUSEHOLD</b>	
NUMBER OF ADULTS IN YOUR HOUSEHOLD:	
NUMBER OF CHILDREN IN YOUR HOUSEHOLD (PROVIDE AGES):	
WHO WILL BE THE PRIMARY CAREGIVER FOR THE PET?	
DO YOU OWN OTHER ANIMALS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE LIST:	
CHECK IF THEY ARE SPAYED/NEUTERED: YES <input type="checkbox"/>	
CHECK IF THEY ARE CURRENT ON VACCINES: YES <input type="checkbox"/>	
HAVE YOU EVER SURRENDERED AN ANIMAL TO A SHELTER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	
DO ALL MEMBERS OF YOUR HOUSEHOLD AGREE TO THIS ADOPTION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IS ANYONE IN YOUR HOME ALLERGIC TO DOGS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WHICH BEST DESCRIBES YOUR HOUSEHOLD?	BUSY <input type="checkbox"/> QUIET <input type="checkbox"/> OTHER <input type="checkbox"/>
<b>LANDLORD INFORMATION (ONLY FOR RENTERS)</b>	
NAME OF LANDLORD:	
EMAIL:	PHONE:
DO YOU HAVE LANDLORD'S PERMISSION TO OWN A PET?	YES <input type="checkbox"/> NO <input type="checkbox"/>
NUMBER OF PETS ALLOWED?	
<b>VETERINARIAN INFORMATION</b>	
WILL YOU PROVIDE VET VISITS AND ENSURE YEARLY VACCINES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
VET'S NAME:	
CONTACT NUMBER FOR YOUR VET:	
CHECK IF YOU DON'T HAVE A VET AND NEED A REFERRAL: <input type="checkbox"/>	
<b>CARE INFORMATION</b>	
WHERE WILL THE DOG STAY WHEN YOU ARE AWAY ON VACATION?	
WOULD YOU CONSIDER A DOG SITTING SERVICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WHAT WILL YOU DO IF YOUR DOG URINATES IN YOUR HOME?	

