

WAGGIN' TAILS DOG RESCUE, INC. Pre-Adoption Application

Failure to complete or provide false information will result in a denial.

Dog Name:		Dog Description:	
Applicant Name:		Co-Applicant Name:	
Address:		City, State, Zip	
Home Phone:		Cell Phone:	
			Best Time to Call:
Email Address:			

Living Situation: Own Home Rent Home Apartment Condo Other Years Lived: _____

* If you checked Rent Home or Apartment, please provide written proof from your landlord which indicates that you are allowed to have a pet. If you have a condo or neighborhood association, please include written documentation on what restrictions, if any, the association may have on breed, size of dog, etc.

How many people currently live in household? _____ Adults _____ Ages _____ Children _____ Ages _____

Who will be the primary caretaker of new dog? _____

Please provide history of pets (cats/dogs) that you have owned in the last 10 years but are no longer with you:

Name of Pet	Type / Breed	Pet's Age	How Long Owned?	Why is pet no longer with you? If pet deceased, please provide cause of death.

Please provide information below on all pets currently living in your home:

Name of Pet	Type/Breed	Pet's Age	Sterilized?	Heartworm Preventative?	Current w/ Vaccines?	Inside / Outside
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If pets are not sterilized, please provide reason. _____

Do we have permission to contact your veterinarian(s) to obtain pet history? Yes No

Please provide the following info on veterinarian(s) you use or have used in the past:

Vet Name:	Vet Phone Number:
Vet Name:	Vet Phone Number:

Are you aware that rescue dogs may have unknown medical and behavior history?

Are you aware that a dog requires yearly check-ups including vaccines/tests that can cost a minimum of \$200? _____

Where will your new dog be living? Inside Outside Other

Do you have a physically fenced yard? Yes No Complete? Yes No

If no, would you be willing to install a physical or electric fence (please specify which)? _____

If no, how will the dog be contained in your yard? _____

Approximately, how many hours will the dog be left alone during the day? _____

Where will the dog stay when you are not at home? _____

Where will the dog sleep (be specific)? _____

It may take your dog several weeks to adjust to his new home. What concerns do you have about this adjustment period?
Please explain: _____

How will you handle destructive behavior, like chewing and digging? _____

How will you handle house-breaking issues? _____

Do you plan to attend obedience class with your new dog? _____

Once you have adopted the dog, if the dog were to exhibit unwanted behaviors (barking, nipping, pulling on leash, jumping up, etc.), would you consult a trainer or behaviorist? Yes No
If no, what would you do? _____

In what ways would you discipline a dog? Rollover method / Make dog submit Scruff-Shake Grab Muzzle Time Out
 Spank/Slap/Swat with Newspaper Squirt Bottle Confinement Shaker Can Distract / Redirect Other _____

For what reason would you consider giving up the dog? _____

What will you do with the dog if you move? _____

Considering the activity level of your family, what energy level is a good fit for your family?

- Highly Active (jogging, hiking, agility, a go-go-go dog)
 Somewhat Active (long walks – likes to play but settles down nicely)
 Couch Potato (short walks, low energy cuddler)

Please describe your ideal dog. _____

Why have you chosen to adopt a dog? _____

What are your feelings on spaying or neutering dogs? _____

How long have you been looking for a dog? _____ Have you applied elsewhere? If yes, where? _____

Why do you want a dog?

Companion Child's Pet Companion for other pet Guard Hunting Gift Other _____

Would you object to a Waggin' Tails representative visiting/calling your home to inquire about the dog? Yes No

By signing this application, I agree that I understand the following:

1. Waggin' Tails Dog Rescue dogs, unless otherwise stated, come with age appropriate vaccines, sterilization and have been deemed healthy by a licensed veterinarian. However, we cannot guarantee the future health of any of our dogs.
2. Adoption fee for adult sterilized dogs is \$225, Small breed dogs \$275, Senior dogs \$125, Puppies under 6 mos. \$250 + \$50 refundable Spay/Neuter deposit.
3. Submitting an application does not obligate you to adopt, nor does it guarantee a dog will be adopted to you.
4. Waggin' Tails Dog Rescue does not work on a first-come, first-served basis. We accept applications and make a determination on where we think the dog best fits.
5. Waggin' Tails Dog Rescue reserves the right to deny any application without explanation.
6. While Waggin' Tails Dog Rescue makes every effort to process new applications as soon as possible, it may take up to five days to fully process all applications. We are an all-volunteer organization that utilizes foster homes for our dogs. We do not own a shelter facility.
7. The Board of Waggin' Tails Dog Rescue makes all adoption decisions. Their decision is FINAL.

I understand that the completion of this application will in no way guarantee the adoption of a dog.
Electronic Signatures are valid when the application is returned electronically.

Signature: _____

Date: _____