



PRE ADOPTION APPLICATION FORM

ADOPTER DETAILS

Full name of Applicant:
Address:
Town and County:
Postcode:
Mobile:
Landline:
E-Mail:
Date of Birth:
Passport number or NI number:

PROPERTY DETAILS

Form with sections: Is area rural or town?, What type of property do you live in?, Is there direct access to outside space?, Type of outside space and size (ie Garden, Terrace etc)?



<p><b>Do you have an enclosed garden?</b></p> <p><b>What is the height of your current fence?</b></p>	<p><input type="checkbox"/> YES                      <input type="checkbox"/> NO                      <input type="checkbox"/> Partial</p> <p>_____</p> <p>_____</p>
<p><b>Do you:</b>   <input type="checkbox"/> rent        <input type="checkbox"/> own        <input type="checkbox"/> Live with Parents</p> <p><b>Do you have roommates:</b>   <input type="checkbox"/> YES        <input type="checkbox"/> NO</p> <p><b>If you rent, please provide contact information for your landlord</b></p> <p>Name: _____                      Phone number: _____</p>	
<p><b>Please describe your neighbourhood</b></p>	
<p><b>How long have you lived at your current address?</b></p>	
<p><b>How many times have you moved in the past 5 years?</b></p>	
<p><b>If you were to move in the future, what would happen to your dog?</b></p>	
<p><b>What areas of your home will be off-limits to the dog?</b></p>	

**FAMILY/LIFESTYLE**

<p><b>Number of Adults and age</b></p>	
<p><b>Number of Children and age</b></p>	



<b>Do you or your partner work and if so, how many hours per day?</b>	You: _____ Partner: _____
<b>What is yours and your partner's profession?</b>	You: _____ Partner: _____
<b>Are any family members at home during the day time? If yes, who?</b>	
<b>How would you describe your household?</b>	<input type="checkbox"/> Loud <input type="checkbox"/> Calm <input type="checkbox"/> Busy <input type="checkbox"/> Quiet
<b>Please select the best description of your family's activity level:</b>	<input type="checkbox"/> Highly active <input type="checkbox"/> Moderately active <input type="checkbox"/> Seldom active <input type="checkbox"/> Couch potatoes
<b>Are all members of the household aware and in agreement to owning a dog?</b>	
<b>Are all the family members familiar with dogs?</b>	
<b>What 5 words best describe your Family?</b>	
<b>Is there anyone in home banned from keeping pets?</b>	
<b>Are you involved in any pet store, commercial dog breeding operation, or buying dogs for resale?</b>	
<b>Have you ever been convicted of cruelty to animals?</b>	
<b>Have you ever been suspended from a dog association?</b>	
<b>Will children (other than your own if applicable), be visiting your home? If so what are their ages?</b>	
<b>Do you understand that all young children should be closely monitored and never left alone unsupervised with a dog?</b>	

Do you understand that a child may be knocked over by the dog?	
Are you willing to work with your children to teach them how to properly interact with a dog?	
Does anyone in the family have allergies to animals? If so, please describe.  <i>(If planning to have a family, consider the possibility of allergies developing in your newborn BEFORE adopting a dog)</i>	
Please describe any changes you expect in your household in the next few weeks/months years: e.g. new children, job changes, moving, etc.	
If your current relationship changes, could this affect adopting a dog with regards to accommodation.	
Do you have someone who can look after your dog in the event of serious illness? Who?	

**PET Information**

Have you ever applied to adopt for a dog before from a shelter, a humane society or rescue before?

YES                       NO

If yes, where? \_\_\_\_\_

If yes, what kind/s?  Cat     Dog     Other \_\_\_\_\_

Where is the dog now? \_\_\_\_\_



PLEASE LIST CURRENT & PAST PET(S) THAT HAVE LIVED IN YOUR HOUSEHOLD IN THE PAST 5 YEARS

(not only dogs )

Species/Breed	Gender (f/m)	Age	Spayed/Neutered		Where is this pet now ? Temperament?
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____

<b>Do all of your current pets get along with other animals?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO    If no, please explain: _____
--	---

<b>Do all your pets receive regular veterinary care?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<b>Are they up-to-date on vaccinations?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

<b>Are you aware that we require all adopted animals to be spayed/neutered?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

<b>Have you ever had to rehome an animal or give a pet to a rescue/shelter?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please briefly explain the circumstances below.	_____ _____

<b>Is there any circumstance at all in which you feel would result in you requiring your dog to be returned?</b>	
--	--

<b>Have you ever owned a dog that has bitten someone?</b>	
If yes, please explain?	

<b>If you have other animals in the house are you able to separate all animals should there be any problems between each other?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--



<p><b>Who will be primarily responsible for the daily feeding, exercise and vet visits for the dog?</b></p>	
<p><b>On an average day, how long would you anticipate your dog being left alone?</b></p>	
<p><b>Can someone in the household provide daily care when the primary caregiver is away?</b></p>	<p>If yes who? _____</p>
<p><b>Where will the dog be kept during the day?</b></p>	
<p><b>Where will the dog sleep at night?</b></p>	
<p><b>Where will the dog be kept when left alone?</b></p> <p>[ ] Loose indoors      [ ] Outside      [ ] dog house      [ ] Garage [ ]</p> <p>[ ] Crated inside      [ ] Other Explain: _____</p>	
<p><b>When traveling/away from home, what arrangements will you make for the care of your dog?</b></p>	
<p><b>How do you plan to exercise your dog?</b></p>	
<p><b>How many hours per day will the dog be outside unsupervised?</b></p>	
<p><b>How much time do plan on spending each day exercising your dog?</b></p> <p>[ ] 0-30mins      [ ] 30 mins – 1 hr      [ ] 1-2hr      [ ] 2 – 3+ hrs</p>	



**PET CARE/COMMITMENT**

**Why are you adopting a dog? (Check all that apply)**

- Companion animal   
  Teach child responsibility   
  A Gift   
  Protection  
 Hunting   
  Companion for existing pet   
  Working dog  
 Other, Explain: We miss our previous dog so much, we need to have a dog or two to make us happy. \_\_\_\_\_

**For what reason would you return/re-home/stop fostering your dog? (Check all that apply)**

- Allergies   
  Moving   
  Separation/Divorce  
 New baby   
  Behavioral issues   
  Large veterinary bill  
 Not getting along with current pets   
  Chronic medical   
  Aggression Issues  
 Issues Barking/training issues   
  Death in the Family   
  Illness  
 Other (please explain): \_\_\_\_\_

**If you have checked "Aggression Issues" or "Behavioral issues", please specify what for your understanding is an aggressive dog or a dog with behavioral issues.**

**Would you be willing to work with your adopt dog and consult an ethologist (even if you are an experienced dog owner) before making the decision to return it?**

- YES     NO

**If you answered the above question with YES, what time frame would you provide yourself and your adopted dog to see if there are improvements?**

**What would you do if your dog shows misbehaving or an unwanted behavior?**

**What kind of behaviors would you NOT tolerate or be able to deal with from your**

<p><b>foster dog?</b> (ie: digging/chewing/not house trained/barking etc)</p>	
<p><b>How will you discipline the dog for misbehaving?</b></p>	
<p><b>How much do you think it costs to feed one dog for one month?</b> (Keep in mind! Some dogs may require a specialized diet)</p>	
<p><b>How much will you budget for basic veterinary care per year?</b> (please consider annual checkups, vaccines and preventative/emergency care, treatment for illness or injury.</p>	
<p><b>Are you comfortable administering medication to your dog should it become ill?</b> (ie, pills, eye medication, injections)</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p><b>What do you believe are the most important responsibilities when caring for a dog?</b></p>	

**GENERAL QUESTIONS**

<p><b>How long do you plan to keep the dog you wish to foster?</b></p>	
<p><b>Which importance will have your foster dog?</b></p>	





<p><b>How much and which experience do you have with dogs? And rescue dogs?</b></p>	
<p><b>Have you ever had a dog with an unwanted behaviour?</b> (If yes, explain)</p>	
<p><b>How would you introduce your dog (if dog had issues) to visitors?</b></p>	
<p><b>Do you plan to feed your dog with:</b>  <input type="checkbox"/> Canned food      <input type="checkbox"/> Dry food      <input type="checkbox"/> Other, explain _____</p>	
<p><b>Do you plan to buy:</b>  <input type="checkbox"/> Grocery store brands    <input type="checkbox"/> Pet store brands    <input type="checkbox"/> Both    <input type="checkbox"/> Others _____</p>	
<p><b>What do you feel is the proper use of crates or cages?</b></p>	
<p><b>What family or individual activities will the dog be included?</b></p>	
<p><b>Will you agree to enroll your dog in obedience training if required?</b></p>	
<p><b>Do you understand that most of our dogs have never lived in a home and families adopting need to be committed to house training, basic training and recall training. (Some of our dogs are more advanced and have</b></p>	



<p>learnt the basics, but as a general rule our families should expect to invest in training.)</p>	
--	--

**YOUR PLANS**

<p>Are you certain that you are ready to make the commitment to adopting a dog? What makes you think so?</p>	
<p>Are you certain that you are financially ready to take on a dog's feeding and veterinary expenses?</p>	
<p>Do you understand that all animals making the transition from a shelter, to foster care to a new home need time to adjust to a new family and that stress of change can lead to unusual and/or undesirable behavior?</p>	
<p>Are you willing to work to correct these issues?</p>	
<p>Rescue dogs may not yet be housebroken or trained for obedience. Are you willing to work on it and provide any necessary training to handle housebreaking, chewing or other destructive behavior?</p>	
<p>How much time would you give your dog to adapt to your home, your family and any other pets?</p>	

**YOUR PREFERENCES**

<p>If you are interested in a particular dog, what is the reason(s) for your choice?</p>	
<p>If you were not able to adopt the dog you are mainly interested in, would you consider a different dog?</p>	<p>YES [ ]      NO [ ]</p>



<p><b>If your previous answer is YES, in which available dog from us would you be interested?</b></p>	
<p><b>Have you already started the adoption process with a different rescue/charity/association or are you thinking about it?</b></p>	
<p><b>If you would consider adopting a different dog: Do you have any preference (gender, size, age)?</b></p>	<p>Gender: _____ [ ] No Preference          Size: _____ [ ] No Preference          Age: _____ [ ] No Preference</p>
<p><b>Would you consider a dog with the following needs?</b></p> <p>[ ] blindness    [ ] deafness    [ ] very fearful    [ ] flight risk    [ ] few or no teeth          [ ] separation anxieties    [ ] Others _____</p>	
<p><b>I would like my dog to be:</b></p> <p>[ ] active    [ ] easy going    [ ] shy    [ ] protective    [ ] very active          [ ] lap dog    [ ] playful    [ ] sedate    [ ] barker    [ ] guard dog          [ ] independent    [ ] future therapy dog</p>	
<p><b>How energetic should your dog be:</b></p>	<p>[ ] very lively    [ ] lively    [ ] quiet          [ ] no preference</p>
<p><b>Is there anything else you want to tell us?</b></p>	

List two people, NOT in your household, who can verify your ability to take good care of a rescued dog

**PERSONAL REFERENCE #1**

<p>Name: _____</p>	<p>Home Phone: _____</p>
<p>Address: _____</p>	<p>Mobile Phone: _____</p>
<p>City/State/Zip: _____</p>	<p>Relationship: _____</p>



**PERSONAL REFERENCE #2**

Name: _____	Home Phone: _____
Address: _____	Mobile Phone: _____
City/State/Zip _____	Relationship: _____

**VETERINARY REFERENCE #3**

Name: _____	Home Phone: _____
Address: _____	Mobile Phone: _____
City/State/Zip: _____	Relationship: _____

**Important:** Save a Kill Shelter Dog Rescue remains the owner and in control of all aspects of the dog throughout their lifetime before, during and after the time the dog is adopted. We ask for regular updates during the settling in period,, and four to six yearly updates after that. We are committed to our dogs and remain fully involved with the well being and safe keeping of all rescued dogs and this allows us to support you and your dog.

By signing below, I agree with the above, certify that the information I have provided is true and correct and that I am physically and financially able to care for a dog. I also agree that someone visits me to do a home check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* If you return the application form by e-mail please attached some pictures of your current pet(s) or pet(s) you have had in the past (in the case you have/had some) and also pictures of the garden and the areas where the dog is allowed to stay and sleep at your current living place.**