***Adoption Application***

***Please answer all questions completely.***

***An incomplete application will not be processed.***

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| **Which dog are you interested in adopting (sex/breed mix/age/name):**  ***\*Please understand there is always a chance the dog you are interested in may not be available by the time we approve your application.*** | | | | | | | | | |
| **Describe your “ideal dog”:** | | | | | | | | | |
| **Part 1: Personal Information** | | | | | | | | | |
| Name:  ***(Note: You must be at least 21 years old in order to adopt/foster this dog)*** | | | | | | | | | |
| Address: | | | City: | | | State: TX | | Zip: | |
| Home Phone: | | | Cell Phone: | | | Email: | | | |
| Age of Applicant: | | | Age of Applicant’s Spouse *(if applicable):* | | | | | | |
| Occupation of Applicant: | | | Place of Employment of Applicant: | | | | | | |
| Occupation of Spouse: | | | Place of Employment of Spouse: | | | | | | |
| **Part 2: Pet Experience** | | | | | | | | | |
| How many other animals do you currently own or have living in your home? | | | | | | | Gender?  M/F | | Spayed or Neutered?Y/N |
| Name of Pet | Type/Breed | | | | Age: | |  | |  |
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| Name of Pet | Type/Breed | | | | Age: | |  | |  |
| Name of Pet | Type/Breed | | | | Age | |  | |  |
| *Please list any additional pets on back.* | | | | | | | | | |
| If any of your pets are NOT spayed or neutered, why not? | | | | | | | | | |
| Are your dogs/cats on heartworm preventative?  What brand? | | What method of flea/tick control do you use? | | | | | | | |
| What other dogs/cats have you had in the last five years (not listed above) and where are they now? | | | | | | | | | |
| Have you ever had a pet die at an early age?  Please describe briefly the circumstances of that death. | | | | | | | | | |
| Have you ever given a pet to another person?  Have you ever given a pet to a shelter or rescue organization?  Please describe briefly the circumstances. | | | | | | | | | |
| Have you adopted a dog or cat from a rescue/shelter before?  If yes, what type of animal was adopted and which agency did you adopt from*?* | | | | | | | | | |
| Have you fostered an animal for a rescue/shelter before?  If yes, what type of animal did you foster and which agency did you foster for? | | | | | | | | | |
| **Part 3: Household Information** | | | | | | | | | |
| Please provide the names, relationship and age of all people living at your current residence: | | | | | | | | | |
| Is everyone living at this dwelling aware that a pet is being adopted into the household? | | | | | | | | | |
| Do you have children/grandchildren that will be visiting you on a regular basis?  If so, what are their ages? | | | | | | | | | |
| Describe the area where you live (city, suburban, rural). | | | | | | | | | |
| Do you own your own home or rent? | | | | | | | | | |
| If you rent, do you have written permission from your landlord to adopt a dog?  If you rent, have you paid a pet deposit?  What is your Landlord’s name and telephone number? | | | | | | | | | |
| Do you have a fenced in yard? | | | | | | | | | |
| Describe your fencing and gates: (type of material and height, any holes): | | | | | | | | | |
| Do you have a doggie door?  If so, will your dog have access to the doggie door at all times, day and night? | | | | | | | | | |
| If you do not have a fenced yard, what arrangements will you make to attend to your dog’s exercise and toilet needs? | | | | | | | | | |
| Does anyone smoke inside your home? | | | | | | | | | |
| **Part 4: Pet Care Information** | | | | | | | | | |
| How many hours will the dog be left alone on a daily basis? | | | | | | | | | |
| Where will the dog be when no one is home? | | | | | | | | | |
| Where will the dog sleep? | | | | | | | | | |
| Where will the dog stay when the family is out of town? | | | | | | | | | |
| Will the dog be left outside unattended at any time? If yes, explain. | | | | | | | | | |
| What kind/brand of food do you intend to feed your dog?  Who will be responsible for feeding the dog?  Would you be open to learning more about the best diet for your dog? | | | | | | | | | |
| Are you prepared for chewing, digging, scratching, housetraining, and other mischievous behavior? | | | | | | | | | |
| How do you intend to discipline your dog? | | | | | | | | | |
| Would you be willing to take your dog to training if needed? | | | | | | | | | |
| How do you plan to keep the pet from leaving your yard when it is outside? | | | | | | | | | |
| How do you feel about tying, using a tether or zip line or chaining a dog? | | | | | | | | | |
| If the dog you are interested in adopting is not yet housebroken, are you prepared to house train him/her?    If so, what method of house training do you plan to use?  Who will be responsible for housetraining the dog? | | | | | | | | | |
| Do you understand that your new dog will need monthly heart worm prevention and yearly vaccinations/check-ups to remain healthy? | | | | | | | | | |
| During the adoption/fostering process, would you allow an OMCR representative to visit your home? | | | | | | | | | |
| After the dog is placed, would you allow an OMCR representative to make a follow up visit to your home? | | | | | | | | | |
| Under what circumstances would you find it necessary to surrender your dog? (ie: Moving; Marriage; New Baby; Divorce; Schedule Change; Illness; Other (please explain): | | | | | | | | | |
| *Do you agree to notify us if you cannot keep your adopted/fostered dog?*    (As part of this legal binding adoption agreement, your adopted dog MUST be returned to a representative of this rescue (see below), if, at any time, you are no longer able to keep or care for the dog.). | | | | | | | | | |
| **Part 5: Veterinarian and Personal References** | | | | | | | | | |
| What is the name of your veterinarian? | | | | Vet’s Phone Number? | | | | | |
| Vet’s address (street, city): | | | | | | | | | |
| Do we have your permission to contact your vet? | | | | | | | | | |
| If your vet cannot confirm that your pets are current on vaccinations and heartworm preventative, please explain. | | | | | | | | | |
| *If you have proof of vaccinations and heartworm preventative purchased outside of your vet’s office,*  *please show that to the home visit representative.* | | | | | | | | | |
| Please provide the names, addresses and telephone numbers of three personal references (at least two must be non-family members) that we may contact. **If you do not have any current or recently deceased pets and therefore do not have a vet, please include a fourth personal reference.**  1.  2.  3.  4. | | | | | | | | | |
| **Part 6: Considerations** | | | | | | | | | |
| Have you considered that the financial commitment to a pet could exceed several hundred dollars per year? | | | | | | | | | |
| Are you aware that pets have physical and emotional needs and suffer from fear, pain, sadness, loneliness, happiness, and joy, just like people do? | | | | | | | | | |
| Are you aware that most behavioral issues with animals can be corrected through proper training? | | | | | | | | | |
| Do you understand that many rescue animals, having been abandoned by their previous owners, come with a lot of “baggage” and may have separation anxiety, may need to re-learn how to live in a home environment and to bond with your family and other pets? | | | | | | | | | |
| **I am prepared for a life-long commitment to this animal.** **(please initial)** | | | | | | | | | |
| Are you interested in providing a foster home for an animal in need through our fostering program? | | | | | | | | | |

My responses to the foregoing questions are true and correct to the best of my knowledge.

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Date Applicant Signature (please initial if submitting by email)