



DOG ADOPTION APPLICATION

Our Companions Animal Rescue (860) 242-9999

Adoptive Pet's Name _____

Volunteer Contact _____

Our Companions is a 501c 3 nonprofit organization that provides services to help pet owners re-home their pets. Our goal is to prevent animals from ending up in shelters. Please note: The pet you are applying for may not be legally owned by Our Companions and the adoption may be subject to the owner's discretion. Our Companions role is often to assist with the adoption between two private parties. Thank you for your interest in adopting a dog!

PLEASE PRINT APPLICANT INFORMATION

Last Name		First		Middle	Date of Application
Home Address				City	
State	Zip	Employer	Your Occupation	Work Hours/Days	Years employed
Home Phone Number ()		Business Phone ()		Cell Phone ()	
				E-Mail Address	
Name of <u>additional</u> responsible adult in household			Occupation	Phone ()	

Check ✓ HOUSEHOLD INFORMATION

Rent <input type="checkbox"/>	Single Family House <input type="checkbox"/>	Multi Family House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Condo <input type="checkbox"/>
Own <input type="checkbox"/>	Live with Friends/Family Members <input type="checkbox"/>		Mobile Home <input type="checkbox"/>	Other (explain)
Landlord's Name or Condo Association Info		Landlord's/Condo Assoc Phone ()	Does your lease allow dog(s)?	
Length of time in current residence?	If less than 1 year, please provide previous address and length of time at that residence.			
How many adults in your household?		Children?	Ages of children:	
If moving becomes necessary, what will you do with your pet/s if you cannot find a residence that allows pets?				
Are any members of your household allergic to animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
Does everyone in the household agree with adopting a dog? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is this dog a gift? Yes <input type="checkbox"/> No <input type="checkbox"/>	

VETERINARIAN INFORMATION (Notify your vet to provide release to speak with us)

Name of your Veterinarian		Name of clinic or hospital
City	State	Phone Number ()
Please list any other vets/ vet hospitals, 24-hour emergency clinics or vaccine clinics that you have used for your current or recently deceased animals.		

PERSONAL REFERENCES (Maximum of one relative please)

Reference #1 – Name	Address	Phone Number ()
Reference #2 – Name	Address	Phone Number ()

OTHER PETS

List all pets that you own, or have owned, in the past 5 years (including livestock):

Type of Animal/Breed	Name	Age	Sex	Spayed or Neutered ?	Still own? (if no please explain)
				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"/>	

Are all your pets up to date with vaccines? Yes No N/A (Including cats)

If you currently own a dog, is it on heartworm preventatives? Yes No N/A

Do your pets receive yearly wellness exams? Yes No

ADDITIONAL INFORMATION

Why are you interested in adopting a dog at this time?

Companion to me/family Companion for another pet

For Breeding Other (If other, explain)

What age dog are you looking for?

Puppy Young Adult

Senior

What type of **personality** and **activity level** would you prefer your new puppy/dog to have? Please Describe

Do you prefer?
Male Female Doesn't matter

Size/Weight:

Is there a particular dog that you are interested in (Breed/Type)

Do you have a securely fenced yard? Yes No What material is it made of?

Height?

If you don't have a fenced-in yard, are you able to do any of the following?

Install a fence? Yes No Install a Pen? Yes No Install a Run? Yes No

Leash Walk? Yes No

Have you ever taken a dog to obedience class?

Yes No

Have you ever crate trained a dog?

Yes No

How many hours per day will the puppy/dog be without human companionship? *hrs*

Where will the dog be kept during the day?

Where will the dog sleep at night?

Are dogs allowed on the furniture?

Yes No

How do you plan to exercise your dog?

Who will be primarily responsible for the care of this dog?

What is the activity level in your home? <input type="checkbox"/> Quiet - 2 or less adults/seniors, no children, applicant(s) home most days. <input type="checkbox"/> Calm - Applicant(s) often home, 3 or less family members residing in the home, no young children. <input type="checkbox"/> Moderate - Applicant(s) work typical schedule (5 days per week, home most weekends). <input type="checkbox"/> Active - Frequent visits by friends/family, multiple children, other pets, busy weekends – time spent out of the home.	
How much would you estimate expenses to be for 1 year? Supplies \$ Vet \$	What type of food would you feed puppy/dog and how often?
What arrangements would you make for the care of your puppy/dog when you go on vacation?	
Do you plan on getting a cat in the future? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	Do you plan on starting a family? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>
Do you think your pet should have a yearly physical exam? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	Do you believe you can provide a good home for your pet for its entire lifetime, which could be up to 20 years or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>
Describe under what circumstances might you decide not to keep your puppy or dog? (Check all that apply)	
New Job <input type="checkbox"/> New Baby <input type="checkbox"/> Problem with dog's health <input type="checkbox"/> Conflict with other household pets <input type="checkbox"/> Moving <input type="checkbox"/> Monetary Issues <input type="checkbox"/> Problem with dog's behavior <input type="checkbox"/> Illness or Allergies <input type="checkbox"/> Other	
Have you ever adopted a pet from an Animal Shelter, Pound or Rescue organization before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever given up a pet for adoption or surrendered an animal to an Animal Shelter, Pound or Rescue organization before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Behavior problems can arise for many reasons; most can be solved. Do you agree to seek help and assistance to resolve these issues rather than give up your pet should problems occur? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Would you accept an animal that has a treatable medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure – need further information <input type="checkbox"/>	Are you aware that if you adopt a dog, you will need to be aware of and abide by your town's leash law? Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you allow a Rescue representative to do a home visit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.	
Do you understand why we require our adopted dogs to be spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.	Would you allow a Rescue representative to do a home visit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.
How did you hear about Our Companions Animal Rescue? <input type="checkbox"/> Website <input type="checkbox"/> Ad/Paper <input type="checkbox"/> Vet/clinic <input type="checkbox"/> Family/Friend/Referral <input type="checkbox"/> Adoption/Special event <input type="checkbox"/> Other animal rescue/organization	



***Remember:** The day you take home a new pet is the day you begin a very special friendship. While you'll have many years together, your companion will never outgrow his/her need for you. We will happily provide information and advice to you on pet care and responsibility. Thank you for taking the time to complete this application. Please mail the completed application to:*

Our Companions, P.O. Box 956, Manchester, CT 06045 or fax to (860) 394-4030 or e-mail to: Helpline@ourcompanions.org