



**ANIMAL ADOPTION APPLICATION**

\*\*\* Completion of this application does not guarantee adoption of a Sadie's Place Rescue animal \*\*\*

Name of applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Spouse/Significant Other \_\_\_\_\_ Occupation \_\_\_\_\_

Names (and ages) of children, if any \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact - Name \_\_\_\_\_ Best phone number to reach \_\_\_\_\_

Do you live in a House \_\_\_\_\_ Apartment \_\_\_\_\_ Condominium \_\_\_\_\_ Town House \_\_\_\_\_ Other \_\_\_\_\_

Landlord's Name and Phone Number \_\_\_\_\_

Do you Own \_\_\_\_\_ Rent \_\_\_\_\_ If you rent, do you have your landlord's permission to have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

How much of the time will the dog be outdoors? \_\_\_\_\_ How much time indoors? \_\_\_\_\_

About what percent of the time will the dog be left alone without humans? \_\_\_\_\_

Where will the dog be when left alone? \_\_\_\_\_

What area(s) of the house will the dog be allowed into? \_\_\_\_\_

What area(s) of the house will the dog **NOT** be allowed into? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Do you have a dog proof fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, how high is the fence? \_\_\_\_\_

Type of fence? \_\_\_\_\_ Are the gate(s) normally locked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a doggy door? \_\_\_\_\_ Yes \_\_\_\_\_ No



Do you have a pool? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is it fenced separately from the yard? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want a dog? (Check all that apply)

- \_\_\_\_\_ House pet                      \_\_\_\_\_ Companion for family                      \_\_\_\_\_ Companion for other pet  
\_\_\_\_\_ Companion for children      \_\_\_\_\_ Protection for home/family                      \_\_\_\_\_ Protection for business  
\_\_\_\_\_ Watchdog                      \_\_\_\_\_ As a gift  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Other pets (specify number of each): Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

If you have any dogs or cats, are they spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

What pets have you had in the past? \_\_\_\_\_

What happened to the ones you no longer have? \_\_\_\_\_

What would happen to the dog if you moved:

Locally? \_\_\_\_\_

Out of state? \_\_\_\_\_

Out of the country? \_\_\_\_\_

Where would the dog go when you go for vacation? \_\_\_\_\_

Do you have a regular veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, vet's name \_\_\_\_\_ Name of Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does anyone in your household have allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ What kind? \_\_\_\_\_

How would you train this dog? (Check all that apply)

- \_\_\_\_\_ Obedience school                      \_\_\_\_\_ Hit with newspaper                      \_\_\_\_\_ Choke collar  
\_\_\_\_\_ Firm verbal commands      \_\_\_\_\_ Clicker/hand signals                      \_\_\_\_\_ Positive Reinforcement

Other (specify) \_\_\_\_\_

How and how often do you plan to exercise your dog? \_\_\_\_\_



Will you be committed to potty train if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes \_\_\_\_\_ No \_\_\_\_\_

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If your dog were injured or ill, are you committed to take him/her to the vet? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to make a long term commitment to care for this dog for its entire life span, which could be as much as 10-20 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Under what circumstances would you not be able to keep this dog? \_\_\_\_\_

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

**Sadies Place Animal Rescue, Inc. reserves the right to refuse adoption to any Client for any reason.**

**This questionnaire becomes part of our contract.**



Please return form to [sadies.place.tx@gmail.com](mailto:sadies.place.tx@gmail.com) or fax to 903.200.5119