



Rags2Wags, Inc.

Tel (805) 797-6594 Rags2WagsRescue@gmail.com

ANIMAL ADOPTION APPLICATION

***** Completion of this application does not guarantee adoption of a Rags2Wags 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

Rags2Wags, Inc. reserves the right to refuse adoption to any Client for any reason.

This questionnaire becomes part of our contract.

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 _____

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