

CENTRAL ILLINOIS SMALL ANIMAL RESCUE

Canine Adoption Application



ANIMAL NAME: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: Home _____ Work _____ Other _____

EMPLOYER: _____ May we call you at work? Yes No

E-MAIL: _____ Do you check e-mail every day? Yes No

Do you have an application pending with any other rescue group or humane society? Yes No

Has your application to adopt an animal ever been turned down by any other group? Yes No

Why do you want a rescue dog? _____

Have you ever owned a dog before? Yes No

Please rate on a scale of 1–5 your level of awareness of a dog’s needs and habits, such as regular grooming, exercise, and so on (1 = not aware at all and 5 = extremely aware):

Not aware at all				Extremely aware
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your past and current pets (continue on back if needed):

<u>Breed</u>	<u>Sex</u>	<u>Spayed/neutered?</u>	<u>Pet’s age when you got it</u>	<u>Age pet left you</u>	<u>What happened to animal?</u>
_____	_____	<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	_____	_____	_____

Do you keep your pets up to date on...

Shots? Yes No

Flea prevention medicine? Yes No **If yes, what brand?** _____

Heartworm prevention medicine? Yes No **If yes, what brand?** _____

What food do you plan on feeding your dog? _____

YOUR VETERINARIAN: Name _____

Address & Phone _____

Please check one: My vet **may** be used as a reference. My vet **may not** be used as a reference.

YOUR HOME. Please list the **ages** of every person living (even part-time) in your home. *(This information will help us ensure that your new pet’s characteristics will make it a good fit for your family!)*

Person 1: _____ Person 2: _____ Person 3: _____ Person 4: _____

Person 5: _____ Person 6: _____ Person 7: _____ Person 8: _____

Do you own or rent your home? Own Rent → Does your landlord allow pets? Yes No Don’t know

In what type of home do you live? House Apartment Condo Other (PLEASE SPECIFY) _____

Do you have a yard for the dog to use? Yes → Is it securely fenced, with no holes or gaps on all sides? Yes No No

***IF YOU DO HAVE A FENCED YARD:**

Of what material is the fence made? _____ How high is the fence? _____

Does a door from your house open directly into the fenced yard? Yes No

Are you planning to move soon? Yes → Will your new home have a fenced yard? Yes No Don't know
 No

***IF YOU DO NOT HAVE A FENCED YARD:**

How will the dog be allowed to relieve itself and to run and get exercise daily?

- I will walk it on a leash I will train it to stay in my yard
- I will use a "tie out" trolley or stake There is a field or park nearby where I will let the dog run
- Something else (PLEASE EXPLAIN) _____

DAILY SCHEDULE. How many hours will this dog be alone daily? _____

Where will the dog stay when it is home alone? _____

Where will it spend **most** of its time? _____

Where will it sleep at night? _____

Which of the following describe your home? (CHECK ALL THAT APPLY.)

- Busy (e.g., visits by friends, in & out a lot, children, parties) Noisy (e.g., TV, stereo, machinery, tools, children playing)
- Moderate ("normal" comings & goings) Quiet (e.g., "homebodies," few guests, come home & stay home)
- Lots of children in the neighborhood On busy street or highway

YOUR PREFERENCES.

Do you have the time and patience needed to housetrain the dog (if it isn't already housetrained)? Yes No

Would you be willing to consider adopting a "special needs" (scared, shy, handicapped, needs medication) dog? Yes No

What age (if any) do you prefer? _____ Would you be willing to take an older dog? Yes No

What sex (if any) do you prefer? _____ Would you be willing to take the opposite sex? Yes No

What breed (if any) do you prefer? _____ What size (if any) do you prefer? _____

FINANCIAL COMMITMENT.

*Before adding a dog to your family, you should be aware of the financial responsibilities of dog ownership, including costs associated with vet care, medications, food, licensing, shots, and grooming. The American Kennel Club reports that it costs over \$1,000 per year to properly care for a dog. **Does this fit into your budget?***

If you dog needed expensive surgery or ongoing medication, what would you do?

- Do whatever I am able to do to get my dog whatever it needs Return the dog to CISAR
- Keep the dog for as long as it could go without any treatment Have the dog humanely euthanized
- Something else (PLEASE EXPLAIN) _____

LONG-TERM COMMITMENT. Which of the following would cause you to give this dog back to us? (CHECK ALL THAT APPLY.)

- A new job (working more, longer hours) New baby
- Kids getting busy, no time for pet Dog requires expensive vet care
- Divorce Behavior problems (inappropriate elimination, chewing, destruction, etc.)
- Moving Dog bites someone
- Something else (PLEASE EXPLAIN) _____

I have checked over this application and have answered all the questions.

All of the answers I have given are true and correct to the best of my knowledge. I also understand that if any of my answers are shown to be false at a later time, the adoption contract will become null and void, and I will immediately return the dog to the Central Illinois Small Animal Rescue.

Signed: _____ **Date:** _____

Please check to be sure all questions are answered. Incomplete applications are not accepted.