

## Friends of Canines Animal Rescue Adoption Application

**Date:**

**Personal Information**

Name:

Spouse/Partner:

Address:

City:

State:

Zip:

Email:

Home phone:

Cell phone:

Your employer:

Spouse/Partner employer:

Does you or your spouse's/partner's job require frequent out-of-town travel?  Yes  No

Are you or your spouse/partner subject to relocation?  Yes  No

Are you a student?  Yes  No

If "yes" enter anticipated graduation date:

Are you in the military?  Yes  No

If "yes" enter anticipated discharge date:

**Family Information**

How many children are living at home?

Names and Ages of all children listed above:


Besides your family members listed above, are there others residing in your home?  Yes  No

If "Yes" names and relationships of all others residing at your home:


Friends of Canines Animal Rescue

<http://www.friendsofcanines.org/>

P.O. Box 563, Tracy CA 95376

[rescue@friendsofcanines.org](mailto:rescue@friendsofcanines.org)

Ph: (209) 832-2783

Fax: (480) 247-4575

Is there anyone in your home allergic to animals? Yes No  
 Does anyone have asthma? Yes No

**Home Information**

How long have you lived at your current address?

If less than two years, please provide your previous address:

Please describe your neighborhood: City Suburb Country/Rural

Please describe your type of dwelling:

Apartment  Duplex/Triplex Townhouse/Condominium  Mobile Home  House Farm/Ranch

Do you own or rent? Own Rent

If you rent, please provide the name and phone number of your landlord:

Does your home have a yard? Yes No

If yes, please describe restraint system:

run loose in the yard  tie-out  dog run  invisible fence  conventional fence

If your yard is fenced, please describe what kind:

How tall is the fence or fences?

Would your dog(s) have access to any toxic plants in your yard (e.g. Oleander)

Yes No Unsure

If yes, please describe:

Is the gate currently locked with a padlock? Yes No

Can strangers gain access to your yard from the street? Yes No

Does your house have a pool? Yes No

If yes, please describe the type of pool (e.g. in-ground or above ground) and whether it is fenced off separately from the rest of the yard:

**Other Pet Information**

Do you have other pets at this time? Yes No

If "yes" are they spayed or neutered yet? Yes No

If "yes" are they currently on heartworm preventive? Yes No

If "yes" are they indoor or outdoor?  Indoor  Outdoor  Both

Please describe your pets in detail including gender:

Type of Animal and breed?	Age	Gender	Spayed or Neutered?	Indoor/Outdoor/Both	Likes/Dislikes
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>		

Have you ever owned a dog before? Yes No

If you have owned pets in the past, how did you exercise them?

If you have owned pets in the past and do not own them any longer now, what happened to them?

**Placement Information**

Are you looking for primarily an indoor dog or primarily an outdoor dog?  Indoor  Outdoor

What role would you like your new dog to play in your life? (please check all that apply)

Companion/pet  Obedience  Protection  Therapy  Hunting

Other roles: (specify)

Please describe where the dog will stay when you are at home:

Please describe where the dog will sleep at night:

Please describe where the dog will stay when you are gone during the day:

How many hours per day will the dog be alone?

Do you have a crate? Yes No

If "yes" how many hours per day will the dog be crated?

Do you plan to use a crate? Yes No

why or why not?

Do you currently have a dog door? Yes No

If "no" would you consider putting one in? Yes No

What kinds of solutions would you be willing to try if housebreaking accidents occurred?

(please check all that apply)

Crate  dog door  leave outside  none, I would need to return the dog

other solutions (specify):

Please describe where the dog will stay when you are away on vacation or gone for a few days:

How do you plan on exercising your dog?

Are you familiar with the signs of gastric torsion (bloat)? Yes No

**References**

Do you have a current Veterinarian? Yes No

Please provide us with your current veterinarian information:

Name:

Address:

City:

State:

Phone:

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If less than five years, please provide us your previous veterinarian information:

Name:

Address:

City:

State:

Phone:

Please provide a personal reference that is not related to you:

Reference #1:

Name:

(day phone):

(evening phone):

**And Finally...**

Is there a dog on our web page that you are especially interested in? Please list her/his/their name(s):

Or more in general:

Do you have a gender preference?  Male  Female  Either

Age preference?

Which breed(s) are you interested in?

If you were referred by anyone, please tell us so we may thank them:

Please give us any other information that may help us make the best match for you and your new dog:

*Thank you for considering a shelter rescue dog. ☺*