

# K9 Rescue of Faribault County

## Adoption Application

1. This is a Word document. You may have to "enable editing". You may also see gray boxes in the fields to be filled in. Click on them and type in your information.
2. Save your document.
3. E-mail the document to k9rescueoffaribaultcounty@gmail.com as an attachment. Please also copy and paste the document into the body of the e-mail in case something happens to the attached file. Thank You!

Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Our responsibility is to find the best homes possible for the animals in our care. In order to do this, we need to ask you the following questions. Please fill out this form as accurately and completely as possible. Thank you

Adopter's Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Veterinary Clinic: \_\_\_\_\_ Veterinarian's Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Clinic Phone number: \_\_\_\_\_

1. Are you 18 years old or older?  Yes  No Your age? \_\_\_\_\_

a. How many adults live in your household? \_\_\_\_\_

Names \_\_\_\_\_  
\_\_\_\_\_

b. Do all adults have knowledge and agree with your intentions to adopt a pet?  Yes  No

c. How many children live in your household? \_\_\_\_\_ Ages \_\_\_\_\_

d. Does anyone in the house have allergies to pets?  Yes  No

If yes, how do you plan to manage this issue? \_\_\_\_\_

2. What is your housing situation?  Own  Rent

Where do you live?  House  Apartment  Mobile Home  Condo/Town Home

If you rent:

a. Do you have permission to have a pet?  Yes  No

b. Landlord's name and phone number: \_\_\_\_\_

3. Is your home in town or in the country?  Town  Country

4. Is the pet specifically for your household?  Yes  No

5. Who will be the pet's primary caregiver? \_\_\_\_\_

6. What is your reason for adopting at this time?

Check all that apply:  Companion for me and my family  Hunter  
 Companion for my other pets  Watch dog

7. Have you ever adopted a pet from K9 Rescue of Faribault County?  Yes  No  
If yes, what? \_\_\_\_\_ Where is the pet now? \_\_\_\_\_

8. Have you ever surrendered an animal to a humane society/rescue?  Yes  No  
If yes, why? \_\_\_\_\_

9. Have you ever had to euthanize a pet?  Yes  No  
If so, what were the circumstances? \_\_\_\_\_

10. Pet information-past and present, list most recent first:

	<u>Pet's Name</u>	<u>Type/Breed</u>	<u>Age/Gender</u>	<u>Spayed/Neutered</u>	<u>Date of last vet visit</u>
1)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Note: If you need additional space, please continue on the back.

11. If you currently have pets, where are they kept?  Indoors  Outdoors  Both

12. Where do you plan to keep this pet?  Indoors  Outdoors  Both

a. Where will this pet be kept days? \_\_\_\_\_

b. Where will this pet be kept nights? \_\_\_\_\_

c. If adopting a dog, how will the dog be contained when outside?

Fenced in yard  Kennel  Invisible Fence  A Tie Out  On a Leash

Other - Explain: \_\_\_\_\_

13. How many hours a day will this pet be alone?  0-4  4-8  8-12  12 plus

14. If adopting a dog that will be an outside dog, will the dog have protection from the weather and sun, such as a dog house or building?  Yes  No If yes, what will it be? \_\_\_\_\_

15. I understand that if I adopt this pet, I am agreeing to care for it for its entire life?  Yes  No

Applicant - Employment information:

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
How long with this employer? \_\_\_\_\_

References - 2 Non-Family:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address (Street): \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address (Street): \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_

Co-Applicant - Employment information:

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
How long with this employer? \_\_\_\_\_

References - 2 Non-Family:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address (Street): \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address (Street): \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_

Please read the following statement, then sign and date. I understand that any misrepresentations of the above information may authorize the K9 Rescue of Faribault County to deny application, refuse adoption, and/or reclaim the adopted pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Rescue Staff \_\_\_\_\_