



Living the Doxie Dream Rescue and Sanctuary Adoption Application

We are a not-for-profit organization of volunteers dedicated to saving dogs which have fallen on hard times. Sometimes young, healthy dogs come to us, but often they are dogs that were strays, have suffered an emotional loss, an illness, abuse, neglect, or have been surrendered by their owners for a variety of reasons. When we save a dog, we help heal their illnesses and their wounds under the direction of local veterinarians. All of our adoptable dogs have been given a wellness exam, spayed or neutered, given annual shots, tested for heartworms and treated if necessary, tested and treated for other parasites, provided necessary dental care, and micro chipped. In our foster homes, we provide love, security, and work with these dogs to correct any bad behaviors to get them ready for a new home. Our goal is to help get them healthy, happy, well-adjusted and ready for a new family.

We evaluate our dogs to determine what type of home environment would work best for them, and then do our best to match each dog to a wonderful adopter. In every case, we will choose the adopter based on what is best for the dog.

Our adoption fee is a \$_____ tax-deductible donation. This defrays only a small portion of our expenses for the medical care we provide every dog we rescue, rehabilitate and rehome.

Thank you for your interest in Living the Doxie Dream Rescue and Sanctuary!

Dog you are interested in adopting:

Name			
Home Address			
City		State	Zip Code
Cell Phone	Home Phone		
Employer	Work Telephone		

COMPANION ANIMAL INFORMATION AND HISTORY:

Have you had pets in the past? If so, please describe. Why are they no longer with you?

Do you have pets currently?

Are your pets spayed/neutered? If no, please explain.

Please list pets you currently have in your home. Include the following information in your list.
Type/Breed; sex; age; owned since; comments on personality of each animal.

Are your pets up-to-date on vaccinations?

Veterinarian's Name, Address, Telephone Number.

How Long have you been associated with this vet and/or clinic? _____

Would your pets accept a new dog?

Do you have any male dominant or female dominant pets in your home?

Where are your pets kept during the day or when no one is at home?

Where do your pets sleep?

Where are your pets when you are at home?

Do you crate your pets? If so, please explain.

What kind of food do you feed your pet?

If you travel, what arrangements do you make for the care of your pets?

HOUSING INFORMATION:

Do you own or rent?

House/Apartment/Condo?

If renting, please provide a Landlord's name, address, telephone number:

Do you have a securely fenced yard? Small dog proof? Jumping dog proof?

What type of fencing? (Please describe material and height)

YOUR FAMILY:

How many adults are in your home? _____ Children? _____

Names and ages of people living in your home:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Is everyone living in your home agreeable to having a dog?

What are the working hours of the adults in the household?

How long would the dog be left alone at home during work hours?

Who would care for the dog when the adult(s) are not home?

Does anyone in your home have allergies? Please explain.

(Print Name)

(Signature)

(Date)