

# Ruff Love Rescue

## Adoption Application

Fax: 336.431.3070

Email: [dogs315@northstate.net](mailto:dogs315@northstate.net)

*Complete and return via email to above address or fax to above number.*

Name of Dog Interested in adoption / foster: \_\_\_\_\_

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Reference #1: Veterinarian Information: Required for all applicants who own or have owned a companion animal**

**Please provide the name, location and telephone number of your veterinarian.**

**Reference #2:**

**Please provide the name, location and telephone number of someone who knows you well and is not related to you.**

**Reference #3:**

**You may provide additional references. Please be sure to include a telephone number of each.**

**Do you have a particular type of dog you are looking for? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If so, please specify?**

**Size \_\_\_\_\_ Gender \_\_\_\_\_ Age Range \_\_\_\_\_**

If you have indicated preferences, please explain: (e.g., why you prefer a male to a female, etc.)

**Do you have a fenced yard? \_\_\_\_\_ Yes \_\_\_ No**

**If YES Please describe fenced area and type of fencing:**

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**If NO, what type of containment will you use?**

If you have indicated preferences, are you flexible? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to adopt a dog that.....

Has been abused and therefore may be anxious or may take a while to warm up to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is not completely housebroken? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is not reliable with children \_\_\_\_\_ Yes \_\_\_\_\_ No

Has a physical deformity or handicap? \_\_\_\_\_ Yes \_\_\_\_\_ No

Requires ongoing medication for a medical condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please list each pet by name, species, breed and age.

<b>Pet #1</b>	Name _____	<b>Pet #2</b>	Name _____
	Species _____		Species _____
	Breed _____		Breed _____
	Age _____		Age _____
	Spayed/Neutered _____		Spayed/Neutered _____

<b>Pet #3</b>	Name _____	<b>Pet #4</b>	Name _____
	Species _____		Species _____
	Breed _____		Breed _____
	Age _____		Age _____
	Spayed/Neutered _____		Spayed/Neutered _____

Please describe each of your pet's personalities?

If you own cats, have they been exposed to dogs? \_\_\_\_Yes \_\_\_\_No  
How do they react?

Have you ever owned a dog that is no longer living with you?  
\_\_\_\_Yes \_\_\_\_ No

If yes, what happened to the dog? Please provide a complete answer  
(e.g., if a dog died, what was the cause of death and age of dog?)

Please describe what you know or assume about the special needs of  
rescue dogs.

What health care do you or a veterinarian provide for your pets?

About how much would you expect to spend annually on medical care  
for a healthy dog?

Please list the name, age, and relationship of all the people living with  
you.

How often, on an average, do other people visit your home?

Explain briefly how you will introduce visitors to your dog?

How have you taught your children (or how would you teach visiting  
children) to interact with a dog?

Who will be the primary caregiver for this dog?

Who will care for the dog when the primary caregiver is away – at work or on vacation?

How many hours will the dog be left at home alone during the day?

Where will the dog be kept during those hours?

Do you own your home or rent? \_\_\_\_\_ Own \_\_\_\_\_ Rent  
If you rent, is your landlord agreeable to having a dog? \_\_Yes \_\_No  
Please provide name and telephone number of landlord:

What training do you consider appropriate for your pets and how is it provided?

Where will the dog sleep?

Describe how you will feed your dog?

How will you provide exercise for your dog?

***The information provided in this application is true to the best of my knowledge as of the date of the application.***

Applicant's Signature: \_\_\_\_\_

For Office Use:

Rescue Group: \_\_\_\_\_ Reference Checked: \_\_\_\_\_

Date of In Home Visit: \_\_\_\_\_