

RHODIE'S RESCUE ADOPTION APPLICATION

Rhodiesrescue@gmail.com 925-344-9959 www.Rhodiesrescue.org

{Please print clearly, answer all questions. Non legible or incomplete apps will not be considered}

Dog Name: _____ ID# _____ Date _____

Adopter _____ Driver License _____ ex _____

Address _____ City _____ zip _____

Email _____

(Address on License if different from above)

Street _____ City _____ State _____

Cell # _____ Cell # _____ Hm # _____

Employer _____ Position _____

Employer Address _____ City _____ Ph# _____

Type of housing: (circle applicable) * OWN * RENT

* Home * Home on Acreage * Ranch * Condo * Townhouse * Studio * Duplex * Apartment * Room

If Renting: Name of Landlord: _____ Ph# _____

Address of Landlord _____ City _____ State _____

How long at current address _____ Do you plan on moving? ____ yes ____ no

If moving when? _____ 1-12 months _____ 1 – 5 yrs _____ 5 – 10 yrs Where _____

Does your home have a pool? ____ yes ____ no Fence around the pool? ____ yes ____ no

Names and ages of ALL PERSONS living in the home:

_____ Age _____ Allergies to pets? _____

_____ Age _____ Allergies to pets? _____

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_____ Age _____ Allergies to pets? _____

Have you discussed adopting this dog with ALL persons in the home and are ALL persons in agreement to adopt this dog? ____ yes ____ no

Who will be the primary care taker of this dog? _____

Please list current pets:

1. Type _____ Breed _____ age _____ sex _____ spayed/neutered? ____ yes ____ no

Kept in/out? _____ How long owned? _____ medical/behavioral issues? _____

2. Type _____ Breed _____ age _____ sex _____ spayed/neutered? ____ yes ____ no

Kept in/out? _____ How long owned? _____ medical/behavioral issues? _____

3. Type _____ Breed _____ age _____ sex _____ spayed/neutered? ____ yes ____ no

Kept in/out? _____ How long owned? _____ medical/behavioral issues? _____

4. Type _____ Breed _____ age _____ sex _____ spayed/neutered? ____ yes ____ no

Kept in/out? _____ How long owned? _____ medical/behavioral issues? _____

5. Type _____ Breed _____ age _____ sex _____ spayed/neutered? ____ yes ____ no

Kept in/out? _____ How long owned? _____ medical/behavioral issues? _____

Do ALL of your current pets get along with other animals? ____ yes ____ no If no, please describe:

Pet History: (list pets previously owned in the last 10 yrs (other than the those listed above)

1. Type _____ Breed _____ age _____ sex ____ altered? _____ How long owned _____

2. Type _____ Breed _____ age _____ sex ____ altered? _____ How long owned _____

3. Type _____ Breed _____ age _____ sex ____ altered? _____ How long owned _____

4. Type _____ Breed _____ age _____ sex ____ altered? _____ How long owned _____

5. Type _____ Breed _____ age _____ sex ____ altered? _____ How long owned _____

Have you ever surrendered a pet to the shelter or given a pet away to a family or friend? __ yes __ no

If yes, please explain: _____

Current Veterinarian: _____ PH# _____

Address: _____ City _____ may we contact? _____

Reason for wanting a dog: (circle all that apply)

***companion for self *companion for other pet *house pet *for children *gift *ESA *hiking**

***jog/running buddy *therapy dog *guard dog *herding or working dog *hunting dog *breeding**

How long will the dog be left alone on an average day? _____

Where will the dog be kept when you are not at home? _____

Where will the dog be kept when you are at home? _____

Where will the dog be kept at night? _____

What behaviors are you NOT willing to deal? (Please check all that apply)

Does not like other dogs _____

Does not like cats _____

Potty training _____

Crate training _____

Barking/Whining _____

Fear of people _____

High activity/energy level _____

Chewing _____

Food guarding _____

Toy guarding _____

Special diet _____

Needs medications _____

Allergies (food/skin) _____

Car/travel anxieties _____

Separation anxiety _____

Nervousness _____

Shy/Timid _____

Growling _____

Mouthiness _____

Rough Play _____

Leash training _____

Digging _____

What is your activity level? * very active *moderately active *very low activity

What types of activities do you do that include your dog? _____

What would you do if your dog develops a behavioral issue? _____

What would cause you to return your dog? (circle all that apply)

***biting *moving *divorce *personal or family illness *pregnancy *Landlord issues *financial**

***aggression towards another animal *aggression towards a person *resource guarding**

***health issues *training issues *behavioral issues**

After initial investment, the average cost of feeding/caring for a dog can range from \$500-\$1000 or more annually. If your dog develops a medical issue are you willing to take the necessary steps to seek and provide veterinarian treatment for your dog? _____ yes _____ no _____ not sure

Are you prepared and committed to a lifetime relationship with this dog which could be as long as 16 years? _____ yes _____ no _____ not sure

I certify all information in this application is true and correct and I understand any false information will void this application.

I also understand that Rhodie's Rescue may take photos, videos or recordings of their adoption events and that myself, my family and/or my adopted pet may be included in those photos, videos or recordings. I consent to having those photos, videos or recordings published on Rhodie's Rescue Facebook Page, Instagram, Website or any other social media and promotional items at Rhodie's discretion. I further acknowledge that any photos taken by me and submitted to Rhodie's Rescue becomes the property of Rhodie's Rescue and may also be used as mentioned in the above manner.

Signature _____ Date _____

Print Name _____

Rhodie's Volunteer taking application _____ Date _____

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