

# Holly's Garden Rescue

A Small Breed Dog Rescue

## Rescue Adoption Application

This questionnaire has been designed to aid us in determining if potential adoption homes are prepared to assume the type of responsible ownership we endeavor to assure for our rescued animals. Our goal is to be thorough, not invasive. Please answer all questions honestly and feel free to add your own comments. Please keep in mind that providing false information will result in the nullification of this application.

**IF A QUESTION DOES NOT APPLY, PLEASE WRITE N/A. ALL FIELDS MUST BE FILLED**

Pet Interested In: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### ABOUT YOU

(Person applying must be 21 years of age and the primary individual responsible for this animal)

Name:	Phone wk:	ext:	
E-Mail:	Home:		
Address:	Cell:		
	Best time to call:	Which #:	
Applicant's age:	No. of adults in household:		
<input type="checkbox"/> Married <input type="checkbox"/> Single	Names of other:	Age:	Relationship:
Occupation:	Names of other:	Age:	Relationship:
Spouse Occupation:	Names of other:	Age:	Relationship:
If this relationship were to change with whom would the dog remain?			
Who will be primarily responsible for the care of the dog?			
Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do they live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have they been around a dog(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Childrens ages (if any):	
If no children now, do you plan to have a family in the future?			
If yes, when?			
What are your reason for adopting a dog(s)?			
Would you consider a dog with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavior issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abused?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Senior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Blind/Deaf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What qualities are you looking for in a dog?			
What breed are you looking for?			
Are you familiar with the temperament of this breed?			
If yes, how so?			
Would you prefer male or female?		Age range:	
Colors or markings?			
Do you have any concerns about adopting?			
I consent to a home check in the event my application is accepted. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of dwelling:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Pets allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years at residence:	Do you have a landlord/HOA	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, may we contact Landlord/HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord/HOA/Owner Name and Phone #:			
Where will dog(s) stay during the day?			
If dog(s) stay inside, does he/she have access to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the dog(s) stay outside, how many hours a day will he/she be left outside?			
What outside space is available for the dog(s)			
What type of fenced yard do you have?			Height of fence:

Is there a grassy area?  Yes  No Is it fenced?  Yes  No

Do you have a pool?  Yes  No

What other access areas do you have for the dog(s)? \_\_\_\_\_

Will the dog(s) be tied up?  Yes  No

Are there any areas where the dog(s) is not allowed?  Yes  No Areas if yes: \_\_\_\_\_

Are you planning to move within the next 6 months?  Yes  No

If you ever had to move would your dog(s) come with you?  Yes  No

**PAST/PRESENT PET HISTORY**

Have you had a dog(s) in the past ten years?  Yes  No When? \_\_\_\_\_

Do you own a dog(s) now?  Yes  No Number of dogs: \_\_\_\_\_

Do you have any other animals in home?  Yes  No How many other animals? \_\_\_\_\_

If so, where are they housed? \_\_\_\_\_

History of dog guardianship/ownership (please list each dog separately, most recent first)

Breed	Sex	Altered	Where did you get dog from?	Age when acquired?	Still own?	What happened to dog?	Age at death

Have your dog(s) been vaccinated?  Yes  No

Can you provide vaccination records?  Yes  No  Depends

If depends, please explain: \_\_\_\_\_

Veterinarian's Information: *(this reference must be provided to process application)*

May Holly's Garden contact your veterinarian?  Yes  No

Are you planning to move within the next 6 months?  Yes  No

If you ever had to move would your dog(s) come with you?  Yes  No

If no, please explain: \_\_\_\_\_

How many hours per day are dog(s) left alone?  
Please explain: \_\_\_\_\_

Are there provisions to let dog(s) out during the day?  
How many times will your dog(s) spend the day?  
Do you have a friend or relative\* who could care for the dog(s) if you become incapable of caring for him any extended period of time?  Yes  No

Please provide guardian information including phone number: \_\_\_\_\_

**Holly's Garden reserves the right to approve individuals, with no bias, for the protection of the dog(s)**

Will your dog(s) be allowed on the furniture  Yes  No

Will you become frustrated if your dog(s) are not housebroken?  Yes  No

How do you plan on housebreaking your dog(s)? \_\_\_\_\_

**Please understand that even dogs that are housebroken will go through an adjustment period**

What would you do with your dog(s) if you could not keep for any other reason listed above?  
Explain: \_\_\_\_\_

If your dog(s) need acute medical attention for an illness or emergency care, are you prepared to handle the expenses?  Yes  No

If your dog(s) developed an illness and required monthly medication, up to what amount would you be comfortable in spending? \_\_\_\_\_

If you currently have a dog, what brand of food are you feeding him/her? \_\_\_\_\_

If a higher quality food was recommended, but is more expensive, would you be willing to change food?  Yes  No

If no, please explain:

Have you ever trained a dog in obedience?  Yes  No

If the dog becomes destructive, what would you do?

When your dog disobeys, how do you reprimand?

Would you ever use a newspaper or objects to reprimand your dog to stop bad behavior?  Yes  No

What would you do if your dog started snapping or bit at you or a family member?

Would you be able to live with fur on your furniture, stains on your rugs, a warm body on your bed who may be destructive at times?  Yes  No

What would happen to this dog if your family situation changed? (divorce, relocation, death) please answer in detail

Have you ever given away/sold or released an animal to a shelter or rescue group?  Yes  No

If yes, why?

Have you ever been denied adoption by a shelter or other rescue or humane group?  Yes  No

If so by whom?

Do you travel a lot?  Yes  No Where will dog(s) stay while traveling?

How did you hear about this rescue? Please let us know so we can thank them

Briefly describe your lifestyle

Adopters over the age of 70 years are required to have a co adopter in case of accident or death. If this applies to you who will be your co adopter? Name/address/phone/relationship to you

Please give 3 additional references: (these may be friends, coworkers, relatives. Please include name, relationship and phone #)

1)

2)

3)

***Adoptions require home check and or delivery of the dog. This does not include any special transport or shipping where applicable.***

**PLEASE MAKE A COPY OF THE COMPLETED APPLICATION AND BRING IT WITH YOU TO THE ADOPTION PROCEDURE. PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS TO THE BEST OF YOUR ABILITY AS THIS WILL ONLY HELP US IN DETERMINING THE RIGHT FIT FOR YOU.**

Thank you for taking the time to complete this application. Our goal is not to be invasive but to match the best possible home for each animal.