Shoshone Pet Rescue

PO Box 884, Kellogg, ID 83837

shoshonepetrescue@yahoo.com

208.512.3401

**Adoption Application**

Personal Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Dog’s Name: |       |
| Name(s): |       |
| Address: |       |
| City, State, Zip: |       |
| Home Phone: |       | Work Phone: |       | Cell Phone: |       |
| Email Address: |       |
| Occupation: |       |
| Employer: |       | Phone: |       |
| Length of Employment: |       |
| Personal Reference: |       | Phone: |       |

|  |
| --- |
| Names and Ages of Others in your Household: |
| Name: | Age: | Relationship: |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Pet History (press space bar to fill in a check box)

|  |  |
| --- | --- |
| Have you ever owned a dog before? | [ ]  Yes [ ]  No |
| How did you obtain this dog? | [ ]  Purchased | [ ]  Adopted | [ ]  Grew Up With |
| What dogs or cats do you currently own? |
| Species | Breed | Sex | Age | Spayed/Neutered? |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
| Have you discussed adopting a dog with your family/household members? | [ ]  Yes [ ]  No |
| Specifically, why do you want to adopt a dog now? |
|       |

Home Information:

|  |  |
| --- | --- |
| Do you own or rent your home? | [ ]  Own [ ]  Rent (press space bar to fill in a check box) |
| How long have you lived at your current address? |       |
| If under 1 year at current address, list previous address: |
| Address: |       |
| City, State, Zip |       |

|  |  |
| --- | --- |
| Where will you keep the dog during the day? |       |
| Where will you keep the dog during the night? |       |
| How will you take care of this dog during overnight absences? |       |
| Do you have a fenced yard?  |       |
| If yes, describe the type of fence (material, height, etc.) |       |
| If you do not have a fence, how will you exercise the dog? |       |
| How will you confine the dog? |       |
| How many hours a day do you estimate the dog will be alone? |       |
| Where will your dog spend its time when alone? |       |
| Are you willing to attend obedience class with your dog? |       |
| Have you ever surrendered a pet to an animal shelter? |       |
| If yes, why? |       |
| Have you ever sold or given away one of your pets? |       |
| If yes, why? |       |
| Have you ever trained a dog before? |       |
| If yes, describe the training |       |

|  |  |
| --- | --- |
| Who is your veterinarian? |  |
| Name: |       | Phone: |       |

Thank you for taking the time to fill out this form. After it has been reviewed, an appointment will be made for you to meet the dog. If the adoption is agreed upon you will be asked to sign a binding contract. Please return your completed form to shoshonepetrescue@yahoo.com.