

Date: _____



Adoption Application

Our goal is to place pets in permanent, loving homes. Please complete this application so we can assist you in finding a special, compatible companion to join your family. With this information, we can minimize the risk of a failed adoption. **We do not adopt our dogs on a "first come, first served" basis, but rather try to match families to available dogs. PLEASE NOTE: All animals are the legal property of Freedom Service Dogs until the requisite Adoption Contract is signed, all requirements of the Contract are met, and the adoption fee is received. The dogs are placed in permanent homes at our discretion. Freedom Service Dogs may refuse to adopt to anyone without providing a specific reason.**

Our adoption fees help to defray the costs of spaying/neutering, testing and vaccinating our pets, treatment of parasites, any necessary surgeries, and heartworm treatments. These fees do not cover the expenses. Our animals are tested for parasites, heartworm tested and placed on heartworm preventative, and altered.

Please print clearly. (Must be at least 21 years of age to adopt.)

Date of Birth: _____

YOUR NAME: _____ Email: _____

Name of animal in which you are interested: _____

Breed/Description: _____

Release for Veterinary Reference (to be completed by potential adopter)

I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals, to Freedom Service Dogs.

(Signature)

My current veterinarian is _____, located at _____, and can be reached at (_____) _____. [If you do not have a veterinarian reference, please provide two personal references in the space provided at the end of this form.]

A rescued animal will have a period of adjustment which may be from two weeks to a few months. Are you willing to commit to this adjustment period and follow recommendations for a smooth transition?

Yes No

▶ Address (Include City & Zip): _____

▶ Home phone: _____ ▶ Work Phone: _____ ▶ Cell Phone: _____

▶ Do you Own Rent House Apartment ▶ How long at this residence? _____

▶ If renting, does your lease permit pets? Yes No ▶ Are there breed or weight restrictions? _____

▶ Is there a pet deposit required (if yes, we will require proof that deposit was paid)? Yes No

▶ Landlord's Name and Phone Number: _____

▶ Are you a member of a Homeowner's Association? If so, do you have a copy of the bylaws, policies, regulations etc. especially as they relate to owning a pet? _____

▶ Employer: _____ ▶ What are your hours? _____

▶ Spouse/Partner's Employer: _____ ▶ What are their hours? _____

▶ Work or Cell Phone: _____

▶ How many hours would your pet be alone while you are at work? _____

▶ Where will the pet stay while you are gone? _____

▶ Do you have a pet door? Yes No ▶ Are you willing to install one? Yes No

▶ If "no", how do you plan to handle the pets elimination needs while you are not home? _____

▶ Where will the dog sleep? _____

▶ Have you ever housetrained a dog? Yes No

▶ If "yes" please describe how it was done: _____

▶ Do you or your spouse/partner travel frequently? Yes No ▶ How often? _____

▶ What will you do with the pet when you travel? _____

▶ What will you do with the pet if you have to move? _____

▶ Are you willing/able to purchase and use a crate if needed or advised? Yes No

▶ Are you willing/able to attend approved obedience or training classes with the dog? Yes No

▶ Are you familiar with the term "Socialization"? Yes No

▶ Are you prepared to correctly socialize your dog with other people and dogs? Yes No

▶ Do you consider yourself to be: Very active Moderately Active Seldom Active

▶ How do you plan to exercise your dog? _____

▶ Do you live alone or have a family? _____

▶ **Does everyone in the household want this particular dog?** Yes No

▶ Does anyone in the household have allergies? Yes No ▶ If so, are they allergic to animal dander? Yes No

▶ Do you have children? Yes No ▶ What are their ages? _____

▶ Do you have grandchildren? Yes No ▶ Do they live in the home, or visit frequently? Yes No

▶ How often do they visit? _____

▶ Do you have a fenced yard? Yes No ▶ What type and Height? _____

▶ Is the yard secured? Yes No ▶ Do you have a pool? Yes No ▶ If so, is the pool fenced off? Yes No

▶ Have you ever owned a dog of this breed/mix before? Yes No

▶ Have you ever owned a rescue dog? Yes No ▶ If so, where did they come from? _____

▶ Have you ever applied to another organization and been declined? Yes No

▶ If "yes", please explain: _____

▶ Have you ever relinquished or re-homed a pet? Yes No

▶ If so, why? _____

▶ Where did this pet end up? _____

▶ Is there a limit on the amount you could spend on your dog for medical care? Yes No

▶ How much is too much? \$ _____ ▶ Would you ever consider euthanizing your pet because of medical costs?

▶ What qualities are you specifically looking for in a pet? _____

▶ What traits or characteristics are you sure you do NOT want? _____

▶ Do you give permission for an FSD representative to visit your home prior to adoption both before and after adoption to do follow up? Yes No

Pet Ownership History

Please provide details about any current or past pets you have had. If needed, please write on the back or attach another sheet.

1.

▶ **Pet Name:** _____ Dog Cat Other _____

▶ Where did you acquire this pet? _____

▶ Length of Ownership: _____ ▶ Age of Animal: _____ Male Female Spayed Neutered

▶ Breed/Description: _____

▶ Heartworm Preventative given? Yes No ▶ Kind and Date of last treatment: _____

▶ Date of Last shots: DHLPP _____ Bordatella _____ Rabies _____

▶ Where did this pet sleep? _____

▶ Where did this pet stay while you were away from home? _____

▶ Were there any medical or behavioral issues? Please describe: _____

▶ Where is this pet now? _____

2.

▶ **Pet Name:** _____ Dog Cat Other _____

▶ Where did you acquire this pet? _____

▶ Length of Ownership: _____ ▶ Age of Animal: _____ Male Female Spayed Neutered

▶ Breed/Description: _____

▶ Heartworm Preventative given? Yes No ▶ Kind and Date of last treatment: _____

▶ Date of Last shots: DHLPP _____ Bordatella _____ Rabies _____

▶ Where did this pet sleep? _____

▶ Where did this pet stay while you were away from home? _____

▶ Were there any medical or behavioral issues? Please describe: _____

▶ Where is this pet now? _____

3.

▶ **Pet Name:** _____ Dog Cat Other _____

▶ Where did you acquire this pet? _____

▶ Length of Ownership: _____ ▶ Age of Animal: _____ Male Female Spayed Neutered

▶ Breed/Description: _____

▶ Heartworm Preventative given? Yes No ▶ Kind and Date of last treatment: _____

▶ Date of Last shots: DHLPP _____ Bordatella _____ Rabies _____

▶ Where did this pet sleep? _____

▶ Where did this pet stay while you were away from home? _____

▶ Were there any medical or behavioral issues? Please describe: _____

▶ Where is this pet now? _____

Please provide 2 personal or professional references as related to your animals.

Name: _____ Relationship: _____

Email : _____ Phone Number: _____

How long known: _____ Address: _____

Name: _____ Relationship: _____

Email : _____ Phone Number: _____

How long known: _____ Address: _____

My signature affirms that all statements above are true and correct.

Signature

Date