



Dog Adoption Application

Thank you for your interest in adopting a dog rescued by LoneWoof Rescue. We want to make certain that every animal adopted goes to a loving home where it will be a member of a family for the rest of their life and well cared for. Because of this, our application asks a number of detailed questions which are necessary for our screening process.

Two important notes:

- 1) LoneWoof Rescue has **one** location in Sandy Valley, Nevada, and all prospective adopters must live within a **reasonable driving distance** of the shelter.
- 2) A visit to your home is **required** for all pet adoptions. This form must be completed and reviewed prior to the home visit. Any missing answers will be required when we visit your home.

All information will be kept confidential. If you have any questions, please call us at (702) 469-1913 or send a private message on Facebook at www.facebook.lonewoofrescue.org.

Please allow up to a week for processing your application. Thank you!

Name of dog you are interested in: _____

Your full name: _____

Your age: _____

NOTE: You must be at least 21 to adopt from LWR. Proof of age will be required prior to completing adoption.

NOTE: A home visit is required for all pet adoptions. Do **not** submit this application unless you can commit to a home visit to complete the application process.

Home street address: _____

City, State, Zip: _____

Home telephone: _____

E-mail: _____

Cell telephone: _____

Your place of employment: _____

Your work telephone: _____

Spouse or partner's name: _____

Spouse or partner's employer: _____

Spouse or partner's work telephone: _____

ABOUT YOUR HOME

Please complete this section for the household in which your dog will reside.

1. Type of residence

House Condo Apartment

Mobile Home Other: _____

2. Do you Own Rent Live w/owner of home Other: _____

3. If you are a renter or live in a condo does your landlord or association allow dogs?

- Yes Yes with breed restrictions No

Name of Landlord or Condo Association: _____

Phone number: _____

4. How long have you lived at this address:

Any plans to move in the next few years? Yes No

How many times have you moved in the past five years?

What would you do if you moved to a residence where dogs are not permitted?

ABOUT YOUR FAMILY

1. How many adults live in this household?

How many children live in this household?

Ages of children in this household?

Number of children who visit?

Ages of children who visit?

2. Are all members of your household in agreement about adopting a dog? Yes No

3. Is anyone in your household nervous or unsure around dogs? Yes No

3. For whom would you be adopting this dog? _____

4. Who will be the primary caregiver? _____

5. Who will be financially responsible? _____

6. Do any members of your household have asthma or allergies? Yes No

If yes, who? _____ Allergic to dogs? Yes No

7. Household activity/noise level: Mostly Calm/Quiet Occasional Noise/Activity Very Active

8. How often do you travel? _____

How will you care for your dog when you are away from home?

9. In the event of an emergency, who would care for your dog or what arrangements would you make?

10. For how many hours would the dog be alone during the day?

(Please consider what time you leave for work and what time you return home)

ABOUT YOUR CURRENT/PREVIOUS PET(S)

Name	Species/Breed	Age	Gender	Spayed/ Neutered	Had how long?	Up-to-date on vacs?	Still in Home Yes/No

1. If you have a cat, does it get along with dogs? Yes No
2. If you have a cat, is it declawed? Yes No
3. If you have a dog, does it get along with other dogs? Yes No
4. What veterinary hospital do your animals go to? _____
May we call to verify vaccinations and spay/neuter status? Yes No
5. Are you experiencing any difficulties with your current pets in terms of health or behavior?
 Yes No
If yes, please describe:

PET HISTORY

1. Have all of your family members been around dogs? Yes No
2. Have you had the experience of being primary caregiver to a dog? Yes No
3. Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it? Yes No
4. Have you ever had a pet for a short period of time and it didn't work out? Yes No
5. Have you ever had an animal lost or stolen? Yes No
6. Have you ever had to retrieve your animal from a pound, shelter or animal control facility?
 Yes No
7. Have you ever had an animal die as the result of being hit by a car, being poisoned or from unknown causes? Yes No
8. Have you previously applied to or adopted from Lone Woof Rescue or any other Rescue or Shelter? Yes No If Yes, name of rescue or shelter: _____

PLANS FOR YOUR NEW PET

1. Will the dog live:

- Indoors mostly/Outdoors for elimination and exercise Outdoors only
 Outdoors mostly/Indoors on occasion Not sure

2. Where will the dog be when nobody is home?

- Indoors Outdoors Full-time Doggie Door Access

3. Do you have a fenced yard? Yes No

4. Do you have a pool? Yes No If yes, is it fenced? Yes No

5. Are you aware that some dogs require a period of weeks or even months to adjust to their new home/environment/family/other pets? Yes No

6. Are you willing to allow for this adjustment period?

- Yes No, I prefer a pet who will adjust quickly Not sure

7. Are you willing to bring your pet to a veterinarian for yearly exams, and for vaccinations per your veterinarian's recommendations? Yes No

8. Are you able/willing to pay for emergency care, which could result in a bill of \$200 to \$1,000 or more? Yes No

9. Are you able/willing to pay for pet expenses including veterinary care, supplies, toys, boarding/pet sitting, grooming, food, etc.? Yes No

10. Are you able to commit to providing a home for a dog for the life of the dog? Yes No

11. What circumstances might justify giving up a dog? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Baby | <input type="checkbox"/> Divorce | <input type="checkbox"/> Dog not getting along with other pets |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Allergies | <input type="checkbox"/> New household member dislikes dog |
| <input type="checkbox"/> Shedding | <input type="checkbox"/> Behavior problems | <input type="checkbox"/> House soiling/urine marking |
| <input type="checkbox"/> Want to travel | <input type="checkbox"/> Dog becomes ill | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> None | <input type="checkbox"/> Children lost interest | <input type="checkbox"/> Too time consuming |
| <input type="checkbox"/> Other <input type="text"/> | | |

12. If your dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of a LWR representative? Yes No

13. Would you be willing to pay for obedience or behavioral sessions? Yes No

PREFERENCES

1. I prefer a dog that is: Small Medium Large Any size

2. Reasons for adopting: Companionship Watch dog Other

3. Energy level preferred: High Medium Low

4. I intend to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Walk dog on a leash | <input type="checkbox"/> Walk dog off leash |
| <input type="checkbox"/> Bring dog to a dog park | <input type="checkbox"/> Hunt with the dog |
| <input type="checkbox"/> Go jogging or hiking with the dog | <input type="checkbox"/> Let the dog exercise himself in the yard |

5. I prefer a dog who is (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Senior | <input type="checkbox"/> Puppy |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Spayed/Neutered |
| <input type="checkbox"/> Indoor only | <input type="checkbox"/> Indoor/outdoor | <input type="checkbox"/> Outdoor only |
| <input type="checkbox"/> Mellow/quiet | <input type="checkbox"/> Lap dog | <input type="checkbox"/> Protective |
| <input type="checkbox"/> Very active/energetic | <input type="checkbox"/> Mainly an outdoor dog | <input type="checkbox"/> Happy to meet new people |
| <input type="checkbox"/> Hypoallergenic | <input type="checkbox"/> Likely to be housetrained | |

6. Breeds/mixes I prefer:

7. When it comes to relating to dogs, I consider myself:

- Strict, demanding, a strong leader (dog must sit for a cookie and follow my rules)
- Lenient, a little wishy washy, easily coerced by the dog (the dog looks cute so he gets a treat without sitting, can jump on the couch uninvited)
- Somewhere in between

8. Bad doggie habits I cannot tolerate:

9. Would you be interested in learning about some of our 'special needs' or 'long-term resident' dogs? Yes No

Please provide three personal references:

Name	Relationship	Phone number

By signing below I certify that:

- the information I have given is accurate
- I understand that LWR has the right to deny any application
- I give permission for a representative of LWR to call the references and veterinary practices I have listed
- I understand that a home visit by a LWR representative is required for every pet adoption application

Signature _____ Date _____