



Adoption Application

PUGGLES & PITTIIES
RESCUE. REHABILITATE. REHOME.

*PUGGLES & PITTIIES carefully screens each potential home to find the right family for each of their dogs. Each dog has a different personality, traits and needs; our goal is to make sure that the home they go to can meet their needs, will be a good personality match and has a high potential as a permanent home for the dog. Adopters are not selected on a "first come, first served" basis. There is a donation required to adopt. This helps cover the spay/neuter of your new pet, current shots, microchipping and basic training of the animal. A home check will be required to complete the adoption process. A signed binding contract is required. You must be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care to your new companion throughout its natural life. **Completion of this application does not guarantee adoption of a dog through PUGGLES & PITTIIES.***

BASIC INFORMATION

Name of Applicant _____

Birth date _____ Driver's license number: _____

Address _____

City _____ State _____ Zip _____

Email _____ daytime phone _____

evening phone _____ cell phone _____

Preferred form of contact? _____

Occupation? _____ Hours spent at work each week? _____

Employer? _____ Phone _____

How long at current job? _____ Dog friendly employer? Y / N

Please provide 2 references that are not members of your immediate family:

Personal reference #1: _____ phone: _____

Relationship: _____ Years known: _____

Personal reference #2: _____ phone: _____

Relationship: _____ Years known: _____

ABOUT YOUR HOME...

I live in a(n):

House
 Apartment / Condo

Trailer
 Other: _____

It is:

Owned, by myself or my spouse/life partner
 Owned, by someone else within the house
 Rented, as part of a rental community
 Rented, directly from the owner or through a third-party management company
 Other: _____

If home is a rental, do you have your landlord's approval?

YES NO

Landlord's name and phone number: _____

Who shares your household (circle all that apply):

Spouse Roommate(s) # _____
 Life Partner Other: _____

If your present relationship were to change, understand that YOU, as the applicant, are responsible for the care of the dog. If you are unable to keep the dog, and your current partner would like to transfer ownership, a new application must be submitted and approved.

Initial: _____

Are there children in the home? YES NO

If yes, how many? _____ How old? _____

At what age do you feel children are responsible enough to take care of a pet without assistance? (i.e. walk, feed, train) _____

Does anyone in your household have an allergy to animals that you are aware of?

YES NO

Is someone home during the day?

YES NO

How many hours will your dog be left alone each day? _____

Is your yard completely fenced?

YES NO

Fencing type & height (at the lowest point): _____

Square footage of yard available for the dog (approximate): _____

Is your yard shared with neighbors?

YES NO

Which of the following is used to secure your gate?

latch
 keyed lock

deadbolt
 padlock

We do not lock our gate for the following reason: _____

Do you have a gardener, housekeeper or pool cleaner?

YES NO

If yes, where is the dog kept while they are working? _____

Do you trust your workers not to let the dog get out?

YES NO

Please explain: _____

Where will your dog spend most of the day?

indoors garage
 yard with dog house patio
 indoor/outdoor with doggie door Other: _____

Where will your dog sleep at night?

indoors garage
 yard with dog house patio
 indoor/outdoor with doggie door Other: _____

Do you plan to move or travel within the next year?

YES NO

If yes, please explain: _____

YOUR LIFE WITH DOGS...

Ownership History (check only one):

I have had dogs all my life (experienced owner)
 I have worked with animals, know quite a bit about their behaviors and am looking for the perfect companion (ready to own)
 I have always loved dogs, but have never owned one (novice)

How many dogs have you owned in the last 5 years? _____

What happened to the other dog(s)? _____

Do you currently have other pets? If so, please complete the following:

<u>Type</u>	<u>Breed</u>	<u>Gender</u>	<u>Age</u>	<u>Altered?</u>	<u>If not, why?</u>

How do you feel your current pets will adjust to a new dog in the house?

ABOUT THIS DOG...

I am adopting a dog for the purpose of (check all that apply):

- Family pet
- Protection/Guard Dog
- Child's companion
- Assistive/Companion Dog
- Gift for someone else
- Other: _____
- Companion for another pet

Have you or would you be willing to enroll your current dog(s) in obedience classes?

YES NO

What sort of behavioral modifications do you know will be needed by this dog after it's adoption into your home?

What method do you intend to use to housetrain your dog?

- Rub nose in offending spot
- Crate training
- Take out every couple of hours
- Consult professional
- Other, explain:

What form of discipline will you use if your dog chews on household items?

- Swat nose
- Use a stern voice
- Spank
- No big deal to me
- Other: _____

How will your dog get exercise? _____

In which of the following situations would you allow your dog off leash?

<input type="checkbox"/> Public park	<input type="checkbox"/> Front yard
<input type="checkbox"/> Hike	<input type="checkbox"/> Back yard
<input type="checkbox"/> Beach	<input type="checkbox"/> Dog park
<input type="checkbox"/> Neighborhood walk	<input type="checkbox"/> Other: _____

When you go away, who will care for your dog?

<input type="checkbox"/> House sitter	<input type="checkbox"/> Boarding kennel
<input type="checkbox"/> Veterinarian's office	<input type="checkbox"/> Family or friend's house
<input type="checkbox"/> Neighbor comes by to feed and water, but doesn't stay over	
<input type="checkbox"/> Other: _____	

If your dog gets out, which of the following would you do?

<input type="checkbox"/> Notify microchip company	<input type="checkbox"/> Put up signs
<input type="checkbox"/> Check local shelters	<input type="checkbox"/> Ads in local newspapers
<input type="checkbox"/> Internet postings (Craig's List, Petfinder, Dog Detective, findtoto.com, etc)	
<input type="checkbox"/> Flyers door to door	<input type="checkbox"/> Wait for dog to return home
<input type="checkbox"/> Other: _____	

VETERINARY CARE...

Are you prepared to cover any veterinary expenses through your dog's lifetime?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

Is there an amount of money that would be too much to save your dog's life?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

How much is too much? _____

What do you think is the best way to keep your dog's teeth clean?

<input type="checkbox"/> Brush the teeth myself	
<input type="checkbox"/> Have never thought about it nor had to clean my previous dogs' teeth	
<input type="checkbox"/> Would have a professional clean them as needed	
<input type="checkbox"/> Would need to consult my veterinarian or groomer	
<input type="checkbox"/> Other: _____	

Which of the following would you choose for flea control?

<input type="checkbox"/> Flea Spray	<input type="checkbox"/> Herbal flea control
<input type="checkbox"/> Flea baths	<input type="checkbox"/> Flea comb
<input type="checkbox"/> Flea collars	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prescription (Program, Advantage or Frontline)	

What is your general veterinary philosophy (check only one):

- Within budget constraints
- Will purchase Pet Insurance
- If a great expense, I would need assistance or would return the dog.
- Spare no expense

I agree to take the pet I have adopted to my veterinarian of choice WITHIN FIVE DAYS OF ADOPTION.

Initial: _____

Provide Veterinary Reference here:

I have a history with: _____ Phone: _____

- OR -

I intend to use: _____ Phone: _____

Are you aware of the life expectancy of the breed of dog you are applying to adopt?

- YES
- NO

Are you aware of the health problems common to this breed of dog?

- YES
- NO

Are you aware of the grooming needs of this breed of dog?

- YES
- NO

WORST CASE SCENARIO...

Which of the following circumstances would force you to give up your dog (check all that apply)?

<input type="checkbox"/> Divorce or separation	<input type="checkbox"/> Chronic illness developed by dog
<input type="checkbox"/> Out of state move	<input type="checkbox"/> Large veterinary expenses
<input type="checkbox"/> Move where pets are not allowed or weight restrictions	<input type="checkbox"/> Dog is not trainable
<input type="checkbox"/> Dog barks incessantly / neighbors complaining about dog	<input type="checkbox"/> Dog is not what I thought it would be
<input type="checkbox"/> Dog nips at strangers	<input type="checkbox"/> Dog grew larger than anticipated
<input type="checkbox"/> Dog nips or bites children	<input type="checkbox"/> Plans to have a baby
<input type="checkbox"/> Marrying/dating someone with pet allergies	<input type="checkbox"/> Dog and current pets are incompatible
<input type="checkbox"/> Loss of bladder control	<input type="checkbox"/> None of the above applies
<input type="checkbox"/> Other: _____	

For what reasons would you consider euthanizing a dog? (check all that apply)

<input type="checkbox"/> Medical costs	<input type="checkbox"/> Age beyond life expectancy
<input type="checkbox"/> Poor health, suffering	<input type="checkbox"/> Behavioral concerns
<input type="checkbox"/> Other: _____	

What is a behavior that would not be acceptable to your family?

BULLY BREEDS

*For the purposes of this application, a bully breed is defined as an American Pit Bull Terrier, American Staffordshire Terrier, American Bulldog, or any mix of the above. This is a much narrower interpretation of the term than that used by insurance companies and others, and is no way intended to replace or supersede their definitions. **Only complete this section if you are applying for a dog that fits in the above described category.***

Have you owned a bully before?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If yes, how did you acquire him/her/them? (check all that apply)

<input type="checkbox"/> Breeder, with papers	<input type="checkbox"/> Rescue
<input type="checkbox"/> Breeder, without papers	<input type="checkbox"/> Gift
<input type="checkbox"/> Pet Store	<input type="checkbox"/> Friend's dog had litter
<input type="checkbox"/> Shelter	<input type="checkbox"/> Other: _____

What do you appreciate about this breed? Please be as specific as possible. _____

Are you aware of the aggression issues that may be present in this type of dog?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

How are you prepared to address this should it arise? Please be specific. _____

FINALLY...

Additional comments about why you would like to adopt this particular dog:

Have you applied to adopt a dog from another rescue group or shelter?

YES NO

If so, which one and what happened with your application? _____

I understand and agree that I must return my dog to PUGGLES & PITTIIES if I am no longer able to care for it. I understand that I may not take it to an Animal Shelter, Humane Society or give away on my own unless prearranged through the adoption contract by addendum. Dog may not be surrendered to another rescue.

Do you agree to return your dog to PUGGLES & PITTIIES if you can no longer care for it?

YES NO

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE THE ADOPTION OF A DOG THROUGH PUGGLES & PITTIIES. I AGREE THAT ALL OF THE ABOVE INFORMATION IS HONEST AND TRUE BY SIGNING BELOW.

Applicant Signature: _____

Date of Application: _____