

Cascade Canine Rescue East And West

65065 94th Street, Bend, OR 97703

Adoption Application

Section 1 – General information

Name of dog _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone _____

Best time to call: _____

E-mail Address: _____ - _____

Please make sure this is one checked routinely

Age Group: 21 - 34 _____ 35 - 49 _____ 50+ _____

Reference(s):

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Relationship _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Relationship _____

How long have you lived at your residence: _____ Months _____ Years

Do you _____ Own _____ Rent your residence?

If renting, does your landlord allow pets? _____ yes _____ No _____ I don't know

Landlord's name _____ Phone number _____

Do you live in a _____ House _____ Apartment _____ Condo _____ Mobile Home _____ Duplex

_____ Mobile Home Park _____ Other (explain) _____

How many people live in your household? _____

Do you live with _____ Parent _____ Spouse _____ Roommate(s)

Number and ages of Children _____

Have you discussed dog guardianship with **all** people living with you? _____

Is there anyone in your household with allergies or allergic to dogs? _____

Where will the dog be during the day and night? _____

How many hours a day will this dog be left alone? _____

Where will the dog be kept while alone? _____

What brand of dog food do you plan the dog? _____

How will you handle scratching (if the dog chews your furniture or other places in your home) or other potential destructive behavior? _____

Will you allow a representative to visit your home by appointment? _____ No _____ Yes

Current Pets in the home

Type: _____ Breed: _____ Male Female

Is pet spayed or neutered? Yes No Current on vaccinations? Yes No

Current age of pet: _____ Number of years pet has been with family: _____

Type: _____ Breed: _____ Male Female

Is pet spayed or neutered? Yes No Current on vaccinations? Yes No

Current age of pet: _____ Number of years pet has been with family: _____

Type: _____ Breed: _____ Male Female

Is pet spayed or neutered? Yes No Current on vaccinations? Yes No

Current age of pet: _____ Number of years pet has been with family: _____

Past Pets in the home

Type: *Dog* _____ Breed: _____ Male Female

Was pet spayed or neutered? Yes No Kept current on vaccinations? Yes No

Number of years pet was with family: _____ What happened to pet? _____

Type: _____ Breed: _____ Male Female

Was pet spayed or neutered? Yes No Kept current on vaccinations? Yes No

Number of years pet was with family: _____ What happened to pet? _____

How much are you budgeting for your dog (food, vaccinations, etc.) \$_____ monthly? (approx)

Do you have a budget for emergency medical care, if needed? _____

What would you do if the vet bill went over the amount? _____

Which veterinarian will you go to for annual boosters and other medical care?

Name _____ Phone _____

Have you ever given an animal to a shelter or another person? _____ No _____ Yes If yes, please explain why

Some dogs and cats adjust to new homes, children, and other pets more easily than others.

How much time do you have to spend with a new dog or cat to help him or her adjust to your household _____

Are you, and those who live with you, committed to spend **15+ years** providing health care, food, grooming and attention to your dog? _____

Section 2 – Dog specific information

Are you _____ 1st time dog owner _____ had dog(s) before _____ experienced dog owner (more than two)

Do you have a fenced yard, if so how high? _____

Type of fencing? _____

Do you have a dog door? _____

Do you own a pickup? _____ would you let your dog ride in the back? _____

Would you ever tie up your dog outside? _____

What problems would make you return the dog? _____ noisy _____ fleas/shedding _____ housebreaking
_____ biting _____ shyness/fear _____ scratching, climbing on furniture _____ jumping _____ too much energy
_____ marking _____ chewing on things _____ not getting along with other animals _____ other

If this dog or cat does not get along with your other pets, what will you do about it?

Section 3 – Please read and sign

I have read the above information **carefully** and have filled out this application **honestly**. **I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an approval for adoption takes place, I understand that Cascade Rescue East And West (CCREW) reserves the right to annul the adoption application/contract(s) and reclaim the animal(s).** I give CCREW permission to fully investigate the information provided as well as contact veterinarians and other related officials. In addition, I understand the adoption decision is dependent on many factors; including but not limited to, the compatibility of the family and home of the individual animal, and other applications received on this animal. **I understand it is CCREW prerogative to decide the home that is most appropriate and that their decision is final, and therefore I will not argue with the decision. Applying does not ensure approval. No animal will be adopted to prospective guardians who mislead or fail to provide accurate information on the adoption application.**

Name _____ Date _____