

Today's Date: _____

Adoption Application



**Thank You for your interest in adopting from
Gunner's Run Rescue.**

Basic Information:

Name of the dog you are interested in: _____

Your full name: _____ Age: _____ Date of Birth: _____

Occupation: _____ Company Name: _____

Spouse's full name: _____ Age: _____ Date of Birth: _____

Occupation: _____ Company Name: _____

Your street address: _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work #: _____

Other #: _____

E-Mail address: _____

Adoption Questions:

What type of animal are you looking for (Select or list all that apply from list below):

Companion House Pet Outdoor Pet Guard Dog Gift

Other: _____

If this pet is a gift, who is it for: _____

Does person know they are getting a pet as a gift: **Yes** **No**

Additional Info: _____

Do you currently own any pets: **Yes** **No** If yes, how many: _____

Please list them below (Select or fill in all that apply):

1) Species/breed: _____

Name: _____ Gender: **Male** **Female**

Spayed/Neutered: _____

Inside/Outside Pet: _____ Age: _____ Years Owned: _____

Is this pet current on all shots: **Yes** **No**

Is this pet currently on heartworm preventative / and if so what kind:

2) Species/breed: _____

Name: _____ Gender: **Male** **Female**

Spayed/Neutered: _____

Inside/Outside Pet: _____ Age: _____ Years Owned: _____

Is this pet current on all shots: **Yes** **No**

Is this pet currently on heartworm preventative / and if so what kind:

More than 2 list here with same information as above (Copy and Paste 1 and 2 above):

Household and Additional Information:

During the past 5 years, how many litters of puppies or kittens were produced by animals you owned or maintained:

How many of these litters were intentional on your part: _____

What happened to them:

Do you own or rent (Select or list all that apply from list below):

Apt House Condo Duplex Mobile/Court Other: _____

If renting, are pets allowed: **Yes** **No** Is a pet deposit required: **Yes** **No**

Deposit amount per pet: _____

Is there a size/weight limit: **Yes** **No** If so, what is the limit: _____

Landlord/Building name: _____

Landlord phone number: _____

Does everyone in your household want and agree to adopt this pet: **Yes** **No**

If not, who does not: _____

Do you plan to chain this dog in your yard: **Yes** **No**

Do you have a fenced yard: **Yes** **No**

If so, how high is your fence: _____ What type: _____

If you do not have a fence please explain how you will handle your dog or puppy's bathroom & exercise:

Do you want this pet to be spayed or neutered: _____

Have you ever had a dog diagnosed with Parvo, distemper, or Heartworm Disease:

Do you plan to use Heartworm Prevention: **Yes** **No**

If so, what kind: _____

Will this dog be left home alone: **Yes** **No**

If so how many hours a day: _____ Days a week: _____

Where will the pet be kept when you are away from home:

Where will this pet sleep at night: _____

If you are over the age of 70, what provisions will you give the dog if you are deceased or no longer able to care for it:

If so, please list the potential owner's name and basic contact info:

_____ Age: _____ Phone #: _____ Email: _____

_____ Age: _____ Phone #: _____ Email: _____

_____ Age: _____ Phone #: _____ Email: _____

How many adults are living in the home: _____

How many children are in the home: _____

Please list ages of children living in the home: _____

Do you plan to have children in the future: **Yes** **No**

Does anyone in your household have allergies to animals: **Yes** **No**

Does anyone in your household have asthma: **Yes** **No**

Are you or your spouse a student: **Yes** **No**

Do you travel: **Yes** **No**

If yes, how often: _____

How will this animal be cared for while you are traveling: _____

How long have you lived at your current address: _____

Are you planning to move within the next 12 months: **Yes** **No**

If so, where: _____

Have you ever adopted from a rescue group or shelter: **Yes** **No**

If yes, who and when: _____

Have you ever had an animal up for adoption or gotten rid of an animal for any reason:

Yes **No**

If so, why, and what did you do with the animal:

Have you ever taken an animal to a shelter/pound: **Yes** **No**

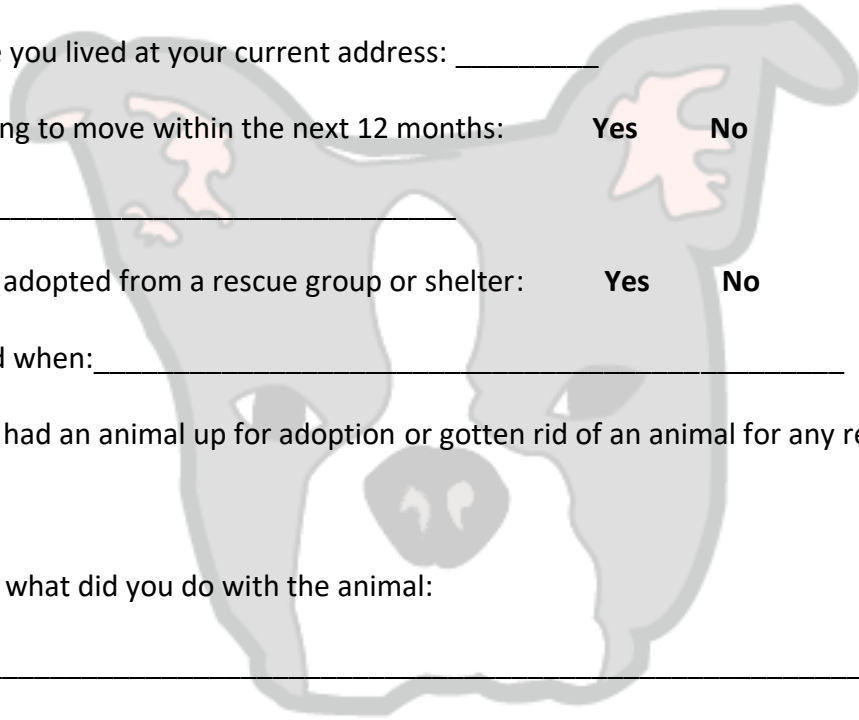
If so, where and why:

Is size important to you: **Yes** **No**

Are you willing to adopt a dog with health problems: **Yes** **No**

How much are you willing to spend on this dog per year: _____

How will you keep this dog on your property: _____



Have you ever taken your puppy/dog to Obedience Training: **Yes** **No**

Are you willing to take this puppy/dog to Obedience Training if necessary: **Yes** **No**

Are you willing/able to purchase/use a crate or cage if needed or advised: **Yes** **No**

Can you keep this pet away from any other pets for one week: **Yes** **No**

Where will this animal stay at night: _____

Are you willing to provide adequate medical care if this dog should become sick or injured:

Signature and Confirmation:

A member of Gunners Run Rescue may visit your home (with an appointment) after adoption, is that okay?

Yes **No**

I confirm that all the information in this application is correct and complete to the best of my knowledge. Typing your name below is equivalent to your handwritten signature.

Signature: X _____ **Date:** _____

