

ADOPTION APPLICATION - DOG/PUPPY

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WAGGING DOG
 RESCUE

a 501(c)(3) Organization
 EIN 45-5293643

To adopt a dog from *WAGGING DOG RESCUE* ...

1. YOU MUST LIVE IN:

Southern California – Los Angeles, Orange, San Diego and parts of Riverside counties. Other areas of SoCal may be considered.

Colorado – Denver + 100 miles. Other areas of Colorado may be considered.

2. ADOPTION FEE & CONTRACT: If we approve your adoption of one of our rescued dogs, we ask for a minimum adoption fee and require a signed adoption contract.

3. MUST BE 21: Applicant must be at least 21 years old **and head of household.**

Name of the Wagging Dog you are interested in: _____

Guardian Information

Date	Name	DL/ID # <i>*verified at Home Visit</i>	DOB <i>*required</i>
Street address (no PO Box)		City, State	Zip
Best phone - Home or Cell <i>(please circle one)</i>	Employer AND Occupation		Work phone
Work address		City, State	Zip
Email address		Type of dwelling: House ___ Duplex ___ Apartment ___ Mobile Home ___ Condo/townhome ___ Military ___ Other _____	
Own or Rent?	Please provide Landlord's name & phone # so we may contact: <i>(or provide complete copy of lease agreement including pet clause)</i>	If you have an HOA, are there pet policies? Pet limit* in your city/county? <i>(*All cities/counties have a limit.)</i>	
How long at current residence?	Please describe your yard enclosure, including fence/wall material, height at lowest point, height and material of all gates, type of latch/lock:		

Household Information - Please name all current members and provide ages of all children.

Names of Adults and Relationship to You		Names and Ages of Children	
Rate the level of activity in your home: <i>*required</i>			
Very quiet	1	2	3
4	5	Very active	

Current Pets in Household

Pet's Name	Type / Breed	Male / Female	Age	Fixed <i>(Yes or No)</i>	Time lived with you

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Type of Family Dog Desired

Breed / Type: _____

Age: < 6 months 6 mos.-1 year 1 year- 5 years 5 years-10 years 10+ years Doesn't matter

Gender: Male Female Doesn't matter

Size (in pounds): < 20 lbs. 20-50 lbs. 51-90 lbs. above 90 lbs.

Coat type: Low shedding Short Medium Long Doesn't matter

Check all the qualities you WANT in your dog:

<input type="checkbox"/> Independent	<input type="checkbox"/> Likes other dogs	<input type="checkbox"/> Good with children	<input type="checkbox"/> Low level activity (lap dog, couch potato)
<input type="checkbox"/> Needy	<input type="checkbox"/> Confident	<input type="checkbox"/> Likes cats	<input type="checkbox"/> Strong drives (hunt, herd, retrieve)
<input type="checkbox"/> Athletic	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Good with livestock	<input type="checkbox"/> Other _____
<input type="checkbox"/> Smart	<input type="checkbox"/> Protective	<input type="checkbox"/> Very active (jogging partner)	
<input type="checkbox"/> Playful	<input type="checkbox"/> House trained	<input type="checkbox"/> Moderately active	

Check any traits that you will NOT TOLERATE in your dog:

<input type="checkbox"/> Noisy	<input type="checkbox"/> Dislikes cats	<input type="checkbox"/> Escapes	<input type="checkbox"/> Drooling
<input type="checkbox"/> Timid, fearful	<input type="checkbox"/> Dislikes dogs	<input type="checkbox"/> Chases livestock	<input type="checkbox"/> Strong drives (hunt, herd, retrieve)
<input type="checkbox"/> Dislikes strangers	<input type="checkbox"/> Not house trained	<input type="checkbox"/> Separation concerns	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dislikes children	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Chewing	

Why do you want to adopt a dog? (check all that apply):

<input type="checkbox"/> Companion for you or your family	<input type="checkbox"/> Personal protection	<input type="checkbox"/> Gift
<input type="checkbox"/> Companion for another pet	<input type="checkbox"/> Guard/watch dog for property/business	<input type="checkbox"/> Other _____
<input type="checkbox"/> Companion for child	<input type="checkbox"/> Hunting companion	

- Are any members of your household allergic to dogs or have asthma? If YES, please explain _____
- Who will be responsible for care of the dog? _____
- Are you expecting any big changes in the next year (moving/buying home, getting married/having a baby, changing work schedule, etc.)? _____
- Do you have a dog door? If YES, when will the dog have access to the dog door? (24/7, day only, night only, when home alone, etc.) _____
- How many hours a day will your dog be left alone, and where? (Please provide as much detail as possible about your schedule with regard to the dog) _____
- Will the dog be crated? If YES, for how long? _____
- When you are home, the dog would be where? _____
- Where will the dog sleep at night? _____
- Do you have a pool? If YES, is it fenced? _____
- Are you a frequent traveler? If YES, how will your dog be cared for? _____
- What provisions will you make for your dog if you have to move locally or out of state? _____
_____ To a place that doesn't allow pets? _____
- Please describe previous pets, if any: _____
- Do you already have one dog in your family? If YES, have you ever owned multiple dogs at a time? _____
- Are your current pets up to date on vaccines? If NO, please explain _____

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- Under what circumstances would you consider giving up your dog? (check all that apply)

<input type="checkbox"/> Divorce	<input type="checkbox"/> Planning to have/had a baby	<input type="checkbox"/> High vet bills
<input type="checkbox"/> Moving	<input type="checkbox"/> Not what I was expecting	<input type="checkbox"/> Illness in family
<input type="checkbox"/> Barking	<input type="checkbox"/> Dog sheds too much	<input type="checkbox"/> Dog does not get along with current pet(s)
<input type="checkbox"/> Chewing	<input type="checkbox"/> Dog is not trainable	<input type="checkbox"/> _____
<input type="checkbox"/> Biting	<input type="checkbox"/> Dog loses bladder/bowel control	<input type="checkbox"/> I wouldn't give up my dog for any reason
<input type="checkbox"/> Digging	<input type="checkbox"/> Dog develops chronic illness	
<input type="checkbox"/> Marry someone with allergies	<input type="checkbox"/> Neighbors complain about the dog	
- Have your previous and/or current pets been obedience trained? _____
- Regarding your leadership skills with dogs – On a scale of 1 to 10 (10 being strongest leader and 1 being all love), what is your pack leadership level? _____
- Have you ever surrendered a pet to an animal shelter? _____
- Have you ever had a pet euthanized? If YES, please explain _____
- How do you anticipate your current pet(s) will react to the new dog? _____
- Have you ever applied to adopt an animal from another rescue group? If YES, please explain when you applied and the outcome _____
- If your new dog/puppy is not house trained, how will you train him/her? _____
- Are you willing and able to exercise your dog on a daily basis? Please explain _____
- Are you willing to enroll your new dog in obedience/behavior training if necessary? _____
- Please describe the methods you will use to discipline your dog: _____
- Please provide the name, address and phone # of your veterinarian: _____
- Are you prepared to take responsibility, financially and otherwise, for this dog's wellbeing for the rest of his/her life, knowing that most dogs have a life expectancy of 10-15 years? _____
- What provisions will you make for your dog in the event that you become unable to care for him/her (unforeseen)? _____
- Are all members of the household in complete agreement with this adoption? _____
- How did you hear about Wagging Dog Rescue and our adoptable dogs? _____
- Please add any additional information you wish us to consider when we evaluate your application: _____
- Would you like to learn about becoming a Foster Parent for one of our future rescued dogs? _____

This application will be retained by Wagging Dog Rescue. If you are approved, this application will become part of our Adoption Agreement. We will not share your information with anyone and will only use it to make an informed decision concerning the adoption of our Wagging Dog rescued dog. Wagging Dog Rescue reserves the right to refuse service to anyone.

I understand that a home visit will be scheduled by a representative of Wagging Dog Rescue (WDR) as part of the application process and that my ID will be verified at this time. By submitting this application, I agree to such a scheduled visit. I understand that if I rent, WDR will verify permission to have this dog as a pet. I certify that all information provided by me in this application is true and correct. I have read and agree to abide by the requirements set forth. If I am approved and receive a dog from WDR, I will accept full responsibility, financially, emotionally and mentally, for the wellbeing of my new Dog.

Adopter Signature: _____ Date: _____
 Printed name: _____

Adopter Signature: _____ Date: _____
 Printed name: _____