



P.O. Box 25844 Overland Park, KS

(816)366-5434

Dog Adoption Application

Date: _____

Full Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Your Home

How long have you lived at this address: _____

Is this a rental property? _____

If renting are you permitted to own a pet? _____

Property Type:

____ Condo ____ Townhome ____ House ____ Apartment ____ Live with Relatives

____ Other

If renting:

Pet Deposit: _____

Weight Limit: _____

Name of Complex: _____

Name of Landlord: _____

Phone Number: _____

Do you plan to move in the near future? If yes, when?

References: Please list two character references unrelated to you.

Reference 1

Name: _____

Phone: _____

Reference 2

Name: _____

Phone: _____

Employment

You

Name: _____
City: _____
Phone: _____
Position: _____
Hours Per Day: _____

Partner

Name: _____
City: _____
Phone: _____
Position: _____
Hours Per Day: _____

Your Family

How many household residents? _____

How many children? _____

Ages of Children? _____

Family Status:

____ Married ____ Divorced ____ Single ____ Roommates ____ Other

Do you or any of your family members have any ongoing medical conditions (including allergies) that may interfere with properly caring for your pet?

If yes, please explain: _____

Pet Preferences

Name of dog you are interested in: _____

Age: _____ Size: _____

Breed: _____ Sex: _____

Who is responsible for caring for this pet? _____

My pet will be kept in:

House Garage Basement Kennel Outdoors

What are your reasons for wanting to adopt this pet?

What concerns do you have for adopting a new pet?

What behavior would cause you to return your pet?

How will you reprimand your pet for chewing, digging, scratching, house training/mistakes?

Please list all pets residing in your household for the last 5 years:

Name: _____ Name: _____

Breed: _____ Breed: _____

Age: _____ Age: _____

Spayed/Neutered: _____ Spayed/Neutered: _____

Vaccinated: _____ Vaccinated: _____

Heartworm Preventative: _____ Heartworm Preventative: _____

Were any of your pets Lost Hit by a Car Put to Sleep Given Away

If yes, please explain _____

Veterinarian

Vet Name: _____

Clinic Name: _____

Phone: _____

City/State: _____

Dog Related Questions

Do you have a yard? _____

Is it completely fenced? _____

Fence Height: _____

Fence Type: _____

If no fence, how will you keep pet in your yard? _____

When and how will you exercise your pet? _____

Will you crate train your pet? _____

Will you attend obedience classes? _____

I certify the above information is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand The Rescue Project has the right to deny any adoption. I acknowledge that the adoption process, when completed and pet is received, this is a binding agreement/contract. I agree that I will be solely responsible for the veterinary health and well-being of the adopted animal and costs incurred. If after taking possession of the adopted pet it is determined that it is not a true fit, I will return the adopted pet to The Rescue Project.

Signature: _____ Date: _____

The Rescue Project will not accept or consider any application with false or misleading information.

