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ADOPTION APPLICATION

Name of Dog _____ Date: _____

Name of Applicant _____ Age: 21-30 ___ 30+ ___ Senior ___

Spouse/Other _____ Age: 21-30 ___ 30+ ___ Senior ___

Home Address _____ City, Zip _____ How long? _____

Place of Employment _____ Occupation _____
Address _____

Spouse (Other) Employment _____ Occupation _____
Address _____

Ages of children, if any _____
Other occupants in the Home _____

Tel. Home () _____ - _____ Tel. Work () _____ - _____, x _____ Cell () _____ - _____

Other _____ () _____ - _____ E-mail _____

Type of Dwelling: House ___ Condo/Townhse ___ Sqft. _____ Apt ___ Sqft. _____ Other _____
Own ___ Rent? ___ Do you have landlord's or HOA permission to have a dog? Y ___ N ___
Landlord/HOA Name & Phone Number _____

Why do you want this dog? Companion for you ___ For your children ___ For your other Pet ___
Gift ___ Other _____

Does anyone in household have allergies? Y ___ N ___ If yes, explain _____

Have you ever owned a dog as an adult? Y ___ N ___ Have you ever bred dogs Y ___ N ___
If yes, which breed(s) _____

Other dogs in household (number, sex, age, breed) _____

Do you have cats? Y ___ N ___ How many? _____ Indoor Only ___ Indoor/Outdoor ___ Outdoor Only ___
Have they been with dogs before? Y ___ N ___ My cats are Kittens ___ Young adults ___ Adults ___ Seniors ___

Other pets (rabbits, ferrets, etc.) _____

Are your pets spayed/neutered? Y ___ N ___ Up to date on shots? Y ___ N ___
What vaccines? How often? _____

Who will be the primary caretaker? _____

How many hours/day will the dog be alone? ___ Where? Inside ___ Outside ___ Both ___

What indoor space is available to the dog? _____
What indoor space is off-limits to the dog? _____

Where will the dog sleep at night? Outside Dog House ___ Garage ___ Laundry Rm ___ Kitchen ___
Master Bdrm ___ Child's Rm ___ Bathrm ___ Crate ___ Other (Explain) _____

What outside areas are available to the dog? Fenced Yard ___ Enclosed Patio ___ Garage ___ Balcony ___
Dog House ___ Unfenced Common Area ___ Other _____

Do you or will you have a doggie door? Y ___ N ___

Type of Fencing? Chain Link ___ Wood ___ Iron ___ Block Wall ___ Other _____
Height of Fence: Highest point _____ Lowest point _____

Have you recently inspected your fence and is it secure, without holes, gaps, or low points? Y ___ N ___
If NO, and your application is accepted, do you agree to thoroughly inspect your fence and make any necessary
repairs before placement. Y ___ N ___

Are there gates? _____ How many? _____ How high? _____

Is there any type of lock on the gate(s)? Padlock ___ Key/Bolt ___ Latch ___ Other _____
If no locks, would you be willing to install them prior to placement? Y ___ N ___

Does your home have a pool? Y ___ N ___ If yes, is it fenced & gated? Y ___ N ___

Who has access to your yard? Gardner ___ Pool man ___ Housekeeper ___ Utility Meter Reader ___
Neighbor ___ Other _____

Preferred level of exercise with dog? Hike/jog ___ Vigorous walks ___ Short walks ___ Dog Park ___
Doggie Day Care ___ None, large property _____

If you travel, How much? _____ Business ___ Pleasure ___ Both ___

Who will care for the dog when you travel? _____
(Friend, Relative, Dog Sitter, Vet Boarding, Cage Free Boarding, etc.)

Do you have a regular Vet? Y ___ N ___ Clinic? _____
If No, would you like a Vet Referral in your area? Y ___ N ___

Do you know the location of the nearest Emergency Vet Clinic? Y ___ N ___

Under what circumstances would you make a decision to euthanize? _____

What do you feed your dog? Kibble ___ Brand _____
Canned Food ___ Brand _____

Would you adopt a dog that required a special diet? Y ___ N ___

Who will groom & bathe your dog? _____

Would you allow your dog to have a permanent Tails of the City ID Y ___ N ___

How would you rate your level of dog owning experience: First time owner ___ Beginner ___ Intermediate ___
Advanced ___ Other _____

How would you discipline your dog if he or she misbehaved? _____

How would you train this dog? Local obedience class ___ Firm verbal commands ___ Clicker/hand signals ___
Private Trainer ___ Other _____

How would you normally walk this dog? On leash ___ Trained off-leash ___

When on-leash I would use: Collar only ___ Choke chain ___ Prong Collar ___ Harness ___ Sporn ___
Gentle Leader ___ Martingale _____

How will you continue to socialize this dog with other dogs? _____

Under what circumstances would you give up your dog?

Biting Behavior ___ Destructive Chewing ___ Marking Behavior ___ Shedding ___ Allergies ___
Housebreaking Problems ___ Aggressive Behavior on Leash ___ Poor Watch Dog ___ Growling at Guests
Financial Problems ___ Excessive Vet Bills ___ New partner doesn't like Dogs ___ New Baby ___ Insurance
Company Exclusion ___ Allergies ___ Other _____

What would happen to your dog if you moved? Locally _____
Out of the area _____

Have you ever given a pet away? If so, please explain _____

Pets are an investment of your time & money. Can you afford to provide ongoing medical care when necessary, training if necessary, and a proper diet? Y___N___

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as much as 10 to 20 years? Y___N___

Please list pets you have owned as an adult:

<u>Animal</u>	<u>Breed</u>	<u>Length of ownership</u>	<u>What happened</u>
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Why this dog? _____

Why are you interested in Rescue? _____

Please read each statement and initial appropriately below:

I understand that a home visit is required, and does not guarantee placement. _____

I am able to make a \$300 tax-deductible donation to Tails of the City Animal Rescue. _____
Your donation is the only way we can continue our work helping dogs in need. We are an all-volunteer, 501(c)(3), organization and 100% of your donation goes towards rescue, medical and boarding costs. We were able to rescue the dog you are applying for thanks to someone else's donation.

I understand that I must provide my own collar, leash, harness, prong collar or other recommended correction training tools, and 2 personal ID tags at the time of completing the adoption contract. If I do not already have these items available, they must be purchased before placement. _____

Tails of the City reserves the right to refuse adoption to any applicant for any reason. Should this adoption go forward, this application will be incorporated into the contract by reference.

Signature: _____ Date: _____

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