

Cheyla's Rescue Foundation



Dog Adoption Application

Applicant Name: _____ Date: _____

Address: _____ City, State: _____ ZIP: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Name of dog you are interested in: _____

1. How many people currently reside in your household? _____

2. Any children in the household? Yes No List ages: _____

3. For whom are you adopting the dog? Self Gift

4. Does any member of the family have any allergies to animals? Yes No If yes, explain: _____

5. Who will be responsible for the dog's care? _____

6. Where do you live? Apartment Condo Farm Mobile home Townhouse House
 Other _____

7. Do you own or rent your residence? Own Rent

If you rent, what is name of landlord and phone number? _____

8. Are companion animals allowed at your residence? Yes No Not sure

9. Where will the dog spend most of his/her day when you are home?

- Indoors Free Roaming Indoors In a crate Outdoor Kennel Outdoors-Fenced Yard
 Indoor/Outdoor Freedom (Doggie Door)

10. Where will the dog spend most of his/her day when you are NOT home?

- Indoors Free Roaming Indoors In a crate Outdoor Kennel Outdoors-Fenced Yard
 Indoor/Outdoor Freedom (Doggie Door)

11. Tell us about your yard- check all that apply

- I do not have a yard Backyard with no fence Backyard with a fence Doggie Door

12. Will anyone be home during the day? Yes No

13. How many hours will the dog be left unattended? _____

14. If you move, what will you do with the dog? _____

15. Have you ever had a companion animal before? Yes No

16. Describe those companion animals you still care for or that are living in your household.

Name	Age	Neutered/Spayed	Kept Where	Time in your care

17. Describe those companion animals you no longer care for:

Name	Age	Neutered/Spayed	Kept Where	Time in your care	Reason no longer with you

18. Are your companion animals current on their vaccinations? Yes No

19. Please provide name of your veterinarian: _____

20. Please provide telephone number of your veterinarian: _____

21. Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? Yes No

22. What precautions would you take to properly introduce a new dog into your home if you have other animals (a dog, bird, rabbit, another cat, etc.)?

23. What will you do if your new dog does not get along with your present companion animals?

24. Have you ever adopted an animal from a rescue/animal control agency? Yes No

25. Have you ever had an application rejected for adoption of an animal from a rescue/animal control facility? Yes No If yes, explain: _____

26. Why do you want to adopt a dog? _____

27. If a disciplinary or behavior problem arises, what steps will you take to work on it?

28. Are you familiar with your local animal control laws? Yes No

29. Are you willing to sign legal pet adoption papers? Yes No

30. Do you agree to permit a visit to your residence by appointment? Yes No

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Cheyla's Rescue Foundation refusing adoption privileges to me/us. If my/our request for adoption is approved and later Cheyla's Rescue Foundation discovers the above information is not true or correct, Cheyla's Rescue Foundation reserves the right to remove the adopted dog from my residence and assume ownership of the dog.

Signature _____ Date _____

Signature _____ Date _____

Please return your application by emailing it to SBVH@summit-vet.com or dropping it off to us at 3930 Red Lion Road, Bear Delaware, 19701.