



Doggone Crazy Animal Rescue, Inc.
 8033 West Sunset Blvd. #535
 Los Angeles, CA 90046
 info@doggonecrazyrescue.org
 Contact: 323-919-1800

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? _____

If less than one year, previous address: _____

Place of Employment _____ Occupation _____
 Address _____

Spouse/Other Employment _____ Occupation _____
 Address _____

Ages of children, if any _____

Other occupants in the home, if any _____

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

Other _____ () _____ - _____ E-mail _____

Type of Dwelling (House, Condo, Apartment, etc.) _____ Square footage _____
 Own? ___ Rent? ___ Do you have landlord's or HOA permission to have a dog? Y ___ N ___

Why do you want this dog? _____

What kind of temperament are you looking for in your new dog? _____

Please list all pets you have owned as an adult:

<u>Animal</u>	<u>Breed</u>	<u>Sex</u>	<u>Length of ownership</u>	<u>What happened</u>
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Are there any other dogs currently in the household? Y ___ N ___

If yes, please list breed, sex, and age. _____

Do you have cats? Y__N__ If yes, how many? ____ If yes, what is their age? _____
Have they been with dogs before? Y__N__ Are they indoor; indoor/outdoor; or outdoor cat(s)? _____

Other pets (rabbits, ferrets, etc.) _____

Are your pets spayed/neutered? Y__N__ Are your pets up-to-date on shots? Y__N__

Have you ever bred dogs? Y__N__ If yes, which breed(s) _____

Who will be primarily responsible for the care of this dog? _____

How many hours per day is the primary caretaker away from home? _____

How many hours per day will the dog be left alone? _____

Where will the dog be left when left alone? _____

What indoor space is available to the dog? _____

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

Where will the dog sleep at night? _____

What outdoor areas are available to the dog? _____

Is your yard fenced? Y__N__ Type of Fencing? (Chain Link, Wood, Iron, etc.) _____

Height of Fence: Highest point _____ Lowest point _____

Does your yard have any gates? Y__N__ How many? _____ Height? _____

Will you allow us to thoroughly inspect your yard to ensure that it is secure? Y__N__

If the yard is found to be unsecure, do you agree to make any necessary repairs before placement? Y__N__

If no, please explain. _____

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 ____ Other _____

If you travel, how often? _____ Business __ Pleasure __ Both __

Who will care for your dog when you travel? _____

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

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 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___

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 donation to Doggone Crazy Animal Rescue ("DCAR"). _____

Doggone Crazy Animal Rescue, Inc., is a 501(c)(3) non-profit organization and your donation is the only way we can continue our work helping dogs in need. We are a no-kill, all-breed rescue and 100% of your donation goes towards rescue, foster and medical 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, and harness, as well as a personal ID tag at the time of completing the adoption contract. If I do not already have these items, they must be purchased before placement. _____

I understand that applications are not prioritized and dogs are not placed on a first-come first-served basis. Rather, DCAR places dogs in homes that DCAR, in its sole opinion, considers are the best fit for the dog and its new family members. _____

Should this adoption go forward, this application will be incorporated into the contract by reference.

Signature: _____

Date: _____

By signing this application I certify that the information I have provided is true and accurate. I understand and agree that DCAR has the right to reject this application and/or remove the dog from my possession if DCAR discovers that the information provided in this application is not true and/or accurate.

Doggone Crazy Animal Rescue reserves the right to refuse adoption to any applicant for any reason.