

Death Row Dogs Rescue

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Adoption & Foster Application

Please answer EVERY question or your application will not be considered.

DATE: **Name of dog(s) interested in:**

Your name: Your Age:

Home Phone #: Cell Phone #:

Your **complete** Address:

Your e-mail address:

(Please put an X inside all parenthesis that apply throughout the application)

1. Who shares your household? () Spouse () Significant Other () Children
() Roommate () Live in () Other (specify):

2. Age(s) of children (if any)

3. Type of dwelling? () House () Apt () Condo () Townhouse

Other (specify):

4. How long at this residence?

5. Do you () Rent () Own () Live with relatives () Live with friends

6. If renting are dogs allowed? () Yes () No

7. Is there a weight limit? (if yes, how much)

8. Are certain breeds not allowed? (which ones)

9. May we contact your landlord? () Yes () No

10. Landlord's name & phone #:

11. What is your occupation?

12. Occupation of your housemate?

13. Do you work full time (8 hour day)? () Yes () No

14. Does your housemate work full time (8 hour day)? () Yes () No

15. Who is more the "dog person" you or your housemate?

16. If your present relationship were to change with whom would the dog remain?
17. At what age do you feel children are responsible enough to take care of a dog WITHOUT assistance (i.e. walk, feed, etc.)?
18. Is anyone in your household allergic to dogs?
19. What percentage of time will the dog be in the house?
20. What percentage of time will the dog be in the yard?
21. Is the dog allowed on the furniture? () Yes () No
22. **Where** will the dog sleep at night? (**be specific**)
23. When you leave the house where will the dog be?
24. **HOW** will you provide exercise for your dog?
25. When you go on vacation who will care for your dog? () House sitter () Vet
() Boarding Kennel () Friend's house () Friend feeds but does not stay
- Other (explain):
26. Do you have a Doggie Door? () Yes () No
27. If No, will you install a doggie door for your new dog? () Yes () No
28. Is anyone home during the day? () Yes () No **If yes, WHO:**
29. How many hours will you leave the dog alone in a 24 hour period of time?
30. Do you have a gardener? () Yes () No
31. a. Do you have a pool? () Yes () No
31. b. A person who cleans the pool? () Yes () No
32. Where will the dog be while they are working?
33. Do you trust these workers not to let the dog out?
34. Does your pool have a safety fence around it? () Yes () No
35. Does the meter reader enter your yard when you are not home? () Yes () No
36. Do you have a housekeeper who enters your house when you are not home? () Yes () No
37. If yes, how long have you had this housekeeper?
38. If you rent, does your landlord have a key to your house? () Yes () No
39. To your gate? () Yes () No
40. Do you share your yard with other tenants? () Yes () No

41. Do you have a fenced back yard? Yes No
42. Do you have a fenced front yard? Yes No
43. What type of fencing do you have?
44. What is at the bottom of the fence? Dirt Grass Cement Other:
45. How high is the fence?
46. How high is the gate?
47. Which of the following is used to secure your gate?
- Latch Padlock Keylock Other (explain):
48. During a 24 hour period, when is your gate locked? Days only Nights only
- Only when I leave the house All the time Other:
49. I don't lock my gate because: I live in a safe neighborhood
- Meter readers or workers must enter I and or my housemate use it a lot
- My children & their friends use it a lot Other:
50. If you dog had gotten out, which of the following **WOULD** you do? Check shelters
- Put up signs Put ads in newspapers Search the streets
- Wait because my dog may come back Other:
51. Will you feed your dog canned or Dry food?
52. What brand of food will you feed your dog?
53. Will you feed the dog "people food"? Yes No
54. If yes, what kind?
55. Who, in your house, will be mostly responsible for feeding the dog?
56. How many times per day will you feed the dog? Once Twice 3 Times
- Free feed (leave food down all the time) Other:
57. Which of the following will you use for Flea Control? Flea Baths Flea Collar
- Flea Sprays Herbal Remedies Advantage or Frontline Other specify:
58. Have you ever trained a dog in obedience class? Yes No
59. If yes, what training methods did you use?

60. Which of the following situations would you allow your dog to be off leash?

- Park Hike Beach Neighborhood Walk My front yard
 My backyard Never off leash Other/**Explain:**

61. What discipline will you use if your dog chews something valuable, sentimental, or even a pair of shoes or the TV remote control?

62. Which of the following disciplines will you use if your dog just won't listen and is being very naughty?

- Spank with hand Spank with newspaper Swat Nose Stern Voice
 Yell at dog Scruffing (pull skin up on back of neck) Other/**Explain:**

63. When will your dog wear a choke chain? Never Always Only on walk

64. Do you think it's necessary for your dog to wear an ID Tag? Yes No

65. If yes, what kind? License Your address & phone # Vet/Rabies

66. Which of the following would force you to give up your dog?

- Move locally Move out of state Move overseas

67. Under what circumstances would you not be able to keep your dog: Divorce/Separation

Allergies Dog barks a lot Dog digs a lot Dog nips at strangers

Dog bites children Dog loses control of bladder Dog develops chronic illness

High vet bills Dog is just untrainable Dog gets bigger than you thought it would

68. In the past, if you were forced to give up your dog, what did you do? Gave to friend

Gave to relatives Gave to Animal Shelter Gave to Rescue Put to sleep

Found home through newspaper, craigslist, etc. Other/**Explain:**

69. What is the name of your veterinarian?

70. Address & Phone # of your vet:

71. Will you become frustrated if your dog is not housebroken? Yes No

72. How do you plan on housebreaking your dog?

Please Understand that even dogs that are housebroken WILL go through an adjustment period

73. If your dog(s) needed acute medical attention for an illness **or emergency care** are you prepared to handle the expenses? () Yes () No
Do you have a limit on how much you would or could spend on your dog's medical needs?
 () Yes () No **If yes, how much?**

74. If your dog becomes destructive what would you do?

75. Have you applied to any other Rescue groups? () Yes () No

76. **If yes, which ones:**
WHAT HAPPENED?

77. Please describe your animal history below. List **ALL** your animal's breeds, ages, spayed / neutered, length of ownership, **if you still have the animal or if you no longer have the animal**, how it died, lost, stolen, etc. **Please be specific.**

BREED (Not the name of your dog!)	Age	M/F	S/N	How long owned	What happened? (still have or how died. Please do not just put DIED or PUT TO SLEEP)

Please tell us anything else you would like us to know about you, your family, etc...

**Thank you for your interest in one of our Death Row Dogs Rescue dogs.
 Please be advised that filling out this application is not a guarantee of adoption.**

Sign or Print Name:
Date: