

Adoption & Foster Application

Download this form and fill it out electronically. Be sure to save it when you are finished or you will lose all the information you have put in. We recommend you re-name the document when you save it. Email your form to littlezoorescue@gmail.com and we will review it as soon as we can. We will get in touch with you.

Thank you for your interest in Little Zoo Rescue.

1. Personal Information

Today's Date: _____

Name: _____

Street Address: _____

City: _____ Province/State: _____

Zip/Postal Code: _____ Country: _____

Home Telephone: _____ Cell Phone: _____

Employer: _____

May we contact you at work? No Yes Work Phone: _____

Email Address: _____

2. Companion Animal Information and History

Have you had pets in the past? If so, please describe. Why are they no longer with you?

Do you have pets currently? No Yes

If yes, please list pets you currently have in your home. Include the following information in your list: type/breed, sex, age, owned since date, comments on personality of each animal.

Are your pets spayed/neutered? No Yes

If no, explain.

Are your pets up-to-date on vaccinations? No Yes

Veterinarian or Vet Clinic Name: _____

Address: _____

City: _____ Telephone: _____

How long have you been associated with this vet? _____

Please note that the name and phone number of your veterinarian are mandatory.

Would your pets accept a new dog? No Yes

Do you have any male dominant or female dominant pets in your home?

Where are your pets (or one you are applying to adopt) kept during the day or when no one is at home?

Where are your pets when you are at home?

Where do they sleep?

Do you crate your pets?

No Yes

If yes, explain.

What do you feed your dogs?

If a commercial food, which brand? _____

If you travel, what arrangements do you make for the care of your pets?

3. Housing Information

Do you: Own Rent Type of home: House Apartment Condo

How long have you lived at this address? _____

If renting, please provide:

Landlord's Name: _____

Address: _____

City: _____ Telephone: _____

Do you have a securely fenced yard? No Yes

Small dog proof? No Yes Jumping dog proof? No Yes

What type of fencing? Please describe in terms of material and height.

4. Your Family

How many adults are in the home? _____ How many children are in the home? _____

Names and ages of people living in your home:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Is everyone in your home agreeable to having a dog? No Yes

Do other children visit your home? No Yes

How would you describe the activity level of your household? Example: quiet, structured, busy, hectic etc.

What are the working hours of the adults in the household?

How long will the dog be left alone at home each day?

Who would care for the dog when the adult(s) are not home?

Will the dog be an inside dog or an outside dog? Please give hours the dog will be outside and hours inside.

Does anyone in your home have allergies? Please describe.

Have you ever housetrained a puppy or dog? No Yes

How would you approach housetraining a dog? Please explain in detail.

What forms of discipline do you feel are appropriate for training or modifying behaviour in a dog?

Is there any reason you would return the dog?

Comments or questions? Please feel free to include any information that you feel we should know about you, your family, your experience with pets etc.

5. References

Please provide us with at least 2 references (full name, telephone numbers and relationship) in addition to your vet.

Name (please print): _____

Date: _____

Signature: _____