

Dog You Are Applying For:	Adoption Counselor's Name:
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Applicant Information

Last Name:	First Name:	Today's Date:
Address:	City:	State: Zip:
Phone (day):	Phone (evening):	Cell Phone:
E-mail address:		
Driver's License #:	Issuing State:	Are you over 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live in <input type="checkbox"/> a house <input type="checkbox"/> a condo <input type="checkbox"/> an apartment		Rent or Own? <input type="checkbox"/> Own <input type="checkbox"/> Rent
If renting, what is your landlord's name?		Phone No.:
Do you have written approval from your landlord to have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long have you lived at this address?		Any plans to move in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No

Family / Household Information

Has every one in your household agreed to this adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of children in your household:	Ages of children:
Do you expect your current family situation to change?	
Have the children had pets before?	
Is anyone in the household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours per day?
Why are you considering adopting a dog from SARF? (Check all that apply)	
<input type="checkbox"/> Companion for self	<input type="checkbox"/> Gift
<input type="checkbox"/> Companion for child	<input type="checkbox"/> Watchdog
<input type="checkbox"/> Companion for another household member	

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them					
Name	Breed	Age	Gender	Altered	Where are they?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever given an animal away or relinquished an animal to a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what were the circumstances?					

Veterinarian Information

Your Veterinarian's Name:	Your Veterinarian's Phone:
When was your current pet's last visit to a veterinarian and why?	
May we contact your vet as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

New Pet Information

What will you feed your new dog?	How often will you feed your new dog?
How much time are you prepared to allow for your new dog to adjust to your home?	

Are you able to afford a bill of \$200-\$500 (or more) for emergency veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, and those who live with you, committed to spend 12+ years providing health care, food, grooming, training and attention for your dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have to move, what do you plan to do with your pet(s)?
Who in the household will be the dog's primary care giver?
This dog will be: <input type="checkbox"/> inside only <input type="checkbox"/> outside only <input type="checkbox"/> both?
Do you have a fenced yard? <input type="checkbox"/> Yes If Yes, what type of fencing and <i>how</i> high? <input type="checkbox"/> No If No, <i>how</i> do you plan to contain the dog?
Do you own a pick-up truck? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes and adopting a dog, where will the dog ride?
How will you restrain your dog if riding in the back of a truck? <input type="checkbox"/> Harness <input type="checkbox"/> Other tie-down device Please describe:
Do you or your neighbors own livestock, farm or exotic animals?
If this dog is not housebroken, how are you going to train your new dog?
If behavior problems do present themselves at a later date, will you be committed to working with the animal to correct these and most other problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what alternatives do you have?
Where will your dog be during the day? At night?
How many hours each day will the dog be unattended?
What will you do with your dog while you are away on vacation?
What problems would make you return a dog? <input type="checkbox"/> Barking <input type="checkbox"/> Shyness/fear <input type="checkbox"/> Not getting along with other pets <input type="checkbox"/> Chewing <input type="checkbox"/> Digging <input type="checkbox"/> Climbing on furniture / jumping up <input type="checkbox"/> Housebreaking <input type="checkbox"/> Other (explain)
Are you aware that a SARF representative will visit your home before adopting the dog and/or after the adoption, if considered necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
The adopter must NOT chain the dog under any circumstances.

By signing below, I certify that the information I have given is true. I understand the SARF reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application.

Signature: _____

Please return application to:

Sarge's Animal Rescue Foundation (SARF)
1659 S. Main Street
Waynesville, NC 28786