



## Adoption/Foster Application

### Puppy Love / Love Cats Pet Rescue

**The following information is requested so that we can assist you in the selection of your new pet. This form and consultation with a Puppy Love / Love Cats Representative are designed to help you find the pet most compatible with your lifestyle.**

**Interest:**  Adoption       Fostering      **Dog's Name:**

### Applicant/Co-Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own your home or rent?     I own my home       Rent

How long have you lived at this address? \_\_\_\_\_ Any plans to move in the near future? \_\_\_\_\_

Landlord's/Condo board's name: \_\_\_\_\_ Landlord's/Condo board's phone: \_\_\_\_\_

How did you hear about Puppy Love / Love Cats Pet Rescue? \_\_\_\_\_

### Employment Information

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Family/Household Information

Number of adults in the household and what is the relation: \_\_\_\_\_

Have all the adults in the household agreed to this adoption?     Yes       No

Number of children in the household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Have the children had pets before? \_\_\_\_\_

Do you expect your current family situation to change? \_\_\_\_\_

Is anyone in the household allergic to pets?  Yes  No      Who? \_\_\_\_\_

Why would you like to adopt an animal from us? (Check all that apply)

Companion for self     Companion for child     To Breed     Companion for another pet

Gift     Companion for another household member     Watch dog / Protection



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#### Pet Information

How long have you been looking for a pet?

Is this your first pet?

**If you have had pets in the past or currently have pets, please tell us about them:**

Name	Breed / Mix	Age	Gender	Spayed or Neutered?	Tail-dock, Ear-crop?	Vaccines current?	*Do they still live with you?
			<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			
			<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			

*\*If deceased, please indicate so and approximate the age of death.*

If you've owned a dog, did you provide obedience training for it?  No  Yes, informal training  Formal Training

Have you ever given an animal away or relinquished an animal to a shelter? If yes, what were the circumstances?

Under what circumstances would you (or have you) euthanize(d) a pet?

#### Veterinarian Information

Veterinarian's Name:

Veterinarian's Phone:

What annual vaccines will your pet receive?

When was your current pet's last visit to a veterinarian and why?

#### New Pet Information

Which characteristics are most important to you? (Check all that apply)

- Good with all dogs     
  Housebroken     
  Good with some dogs     
  Mellow  
 Good with cats     
  Energetic     
  Good with children  
 Other (Please Explain):

What will you feed your new pet and how often?

How much time are you prepared to allow for your new pet to adjust to your home?

Are you prepared to spend several weeks or perhaps months waiting for your new pet to adjust to their new environment and for you to adjust to your new pet?



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How do you plan to introduce your new pet to other animals and / or people in the household?	
Are you able to afford a bill of \$500 (or more) for emergency veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No What will you do if the vet bill exceeds this amount?	
Are you committed to providing a responsible home for your pet's entire life (15+ years)? <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 pet's primary care giver?	
When you are out of town, who will be the dog's primary care giver?	
In case of emergency, who will care for your dog?	
Where will the dog be kept during the day?	During the night?
Are you willing and able to exercise the dog on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many times do you plan to exercise your dog (this includes playing fetch, walks, jogs, etc.): <input type="checkbox"/> at least once a day <input type="checkbox"/> twice a day <input type="checkbox"/> three or more times a day	
Are there times when the dog will be tied up? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)	
How many hours per day will your dog be left alone without human companionship?	
If your new dog is not housebroken, what method of house training do you plan to use?	
Do you have a fenced in yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximately how high is the fence and what type?	
If you have a garage, will the dog spend any amount of time in the garage? <input type="checkbox"/> No, I don't have a garage <input type="checkbox"/> I have a garage, but it will not be used for the dog <input type="checkbox"/> Yes, the dog will occasionally stay in the garage.	
What is the longest period of time you would leave your pet unattended outside?	
Are you willing to enroll your dog in obedience training if necessary? <input type="checkbox"/> Maybe <input type="checkbox"/> Yes <input type="checkbox"/> No	

1150 North Lake Shore Drive  
Suite #23F  
Chicago IL 60611  
Phone (312) 636-1200  
Fax (866) 291-0787



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**What would you do if your dog develops a problem with...**

Digging:

Excessive Barking:

Biting/Play Biting:

Destroying Furniture or Clothing:

Shedding Excessive Hair:

Urinating/Defecating in Unacceptable Places:

Keeping You Awake at Night:

Separation Anxiety:

Aggression with People or Other Animals:

**Is there anything else you'd like us to know?**

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### References

Please list 3 personal references below.

1. \_\_\_\_\_  
(Name) (Relationship) (Phone Number)
2. \_\_\_\_\_  
(Name) (Relationship) (Phone Number)
3. \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

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

### Signatures

Applicant:	Date:
Co-Applicant:	Date: