

Online Application Located at 911ruff.org
Please fill-out completely...Incomplete Applications will not be considered.



ADOPTION APPLICATION FORM

Thank you for your interest in our dogs. We would appreciate your answers to the following questions so we can best find the right canine for you. Submission of this application does not guarantee that you will receive a dog.

Name of person applying for dog: _____ Date: __/__/____
Age: _____ E-Mail Address: _____
Spouse: _____ Age: _____
Significant other (if not spouse) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Number of Children: _____ Their Ages: _____
Your Employer: _____ Dept: _____ Phone: _____
If Self-Employed, what type of business _____
Spouse/significant other's Employer: _____ Dept: _____ Phone: _____
If military, what rank: _____

Is everyone in your household in agreement on adopting a canine? Yes _____ No _____
If no, who is not? _____ Why? _____

How long have you lived at your current address? _____
If less than two years, please list your previous addresses including City and State for last 10 years _____

Whose name is the lease\rental agreement \ mortgage in? _____

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Please indicate which best describes your current living situation: (Circle all that apply)

House Condo Apartment Mobile Home Other(please explain
What type of environment? City Suburban Rural

Do you? Rent Own Live with Parents Live with Relatives Live with Friends

If you rent or lease, does your lease permit dogs? Yes ____ No ____ We will need to see copy of rental/lease agreement or permission letter from whom you are renting/leasing.

Name & phone number of your Landlord \ Complex manager: _____

Besides your immediate family, are others residing in your home? Yes ____ No ____
Names & Ages: _____ Do they have pets? _____

How did you hear about RUFF _____

Does your home have a yard? Yes ____ No ____ Is there a fence? Yes ____ No ____
Type fence? _____. How tall? _____. Is this primarily for horses/cattle? _____. Do you have or will you have a "virtual" fence? ____
Who is the fence owner? _____

Does the fence enclose (circle one) backyard____ frontyard____ whole yard?____ other____
Your fence touch on all sides? Yes__ No__ . How many gates? _____
Will the gate(s) be locked with a lock? Yes ____ No ____

Is the fence secured underground as well? Yes ____ No ____ (If yes.. how?_____
If you do not have a fence do you plan on putting one up? Yes ____ No ____
If so, when and what type of fence and height? _____

Do you have a doggie door? Yes ____ No ____ If not, would you consider putting one in? Yes ____ No ____ . If yes when will it be put up? _____

ADOPTION INFORMATION

Where will the dog be kept most of the time? (Circle One)

Inside Outside Other

Please specify other: _____

If kept outside, will you have a: Dog Run ____ Dog House____ Other(explain)_____

Someone home both day and night? Yes __ No __. Dog to be outside while at work?____
How many hours outside per day?_____Night?_____

There will be times that no one will be home even for a very short time like shopping etc.
Where will the dog stay for this short period?_____

Where will your dog sleep at night? _____

What type food do you plan on feeding the dog?_____

How often will you be feeding the dog and how much? _____

If you have to move, what would you do with the dog? _____

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If circumstances change and you have to move into a home that doesn't allow dogs what would you do with this dog and any others you have? _____

During hurricane or bad weather where will your dog stay if you are evacuated? _____

Do you own a Dog Crate? Yes ___ No ___? What type and size is crate? _____

If you do not own a dog crate are you planning on getting one? Yes ___ No ___?

If yes, When? _____. If no, please explain why not? _____

Ever owned a dog before? Yes ___ No ___ How many as child? ___ As an adult? _____

Where is/are the dog(s) now? _____

If deceased, cause of death on each: _____

Who was your vet and vet clinic when dog was alive, list each: _____

City/State(s): _____

***Required:** Phone number, which they can be reached? _____

What reason are you looking to adopt a dog?

Do you want an "inside" dog or "outside dog"? _____

We ask for **TWO** choices of dogs you may be interested in due to the number of applications and want to make sure everyone is accommodated.

Do you prefer a male or a female? Male _____ Female _____ Doesn't Matter _____

Why one sex over another? _____

Age range: _____ **Size:** _____

PLEASE LIST TWO Dog(s) are you interested in adopting?

First Choice _____ **(Second)** _____

Will the dog from RUFF be used as a guard dog? Yes _____ No _____

If yes, please explain: _____

What activities do you plan to do with our dog? _____

How many years do you plan to keep your dog? _____

Which vet and clinic will you be using with this dog? _____

YOUR OTHER PET INFORMATION:

Do you have any other pets? Yes ___ No ___ Where did you get them? _____

Your current dog, cats or other pets names: _____

Breed: _____ weight? ___ Sex: ___ Age: ___ Fixed? _____ How long w/you _____

Your current dog, cats or other pets names: _____

Breed: _____ weight: ___ Sex: ___ Age: ___ Fixed? _____ How long w/you _____

(if you need more space please use the back of this application)

Are or were (if deceased) your other pet(s) current on all vaccinations? Yes ___ No ___

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Is or was (if deceased) your other pets spayed/neutered? Yes _____ No _____

What causes heartworms? _____

If the dog that you are expecting to adopt is or was heartworm positive are you willing to pay for the heartworm treatment? Treatment can be as much as \$600.00 Yes ___ No ___

If no, please explain why not: _____

Are **or were** your pets on heartworm preventative? Yes _____ No _____

What is the name of the preventative(s) you use OR have used? _____

If you did/do not give your pet heartworm preventative, please explain why: _____

_____ Where do you purchase it from? _____

Are or were your pets on flea preventative? Yes _____ No _____

What is the name of the preventative(s) you use or have used? _____

If you did not/do not use flea preventative, please explain why: _____

Where do you purchase your flea preventative? _____

Your Veterinarian(s) name and phone number (**even if animal is deceased**): _____

If applicable, approximate date of your current pet's last office visits: _____

List the pets you have owned in the past years: _____

Name that all your pets were under at the vet's office (pet's and owner's): _____

List any Humane Societies, Organizations, Breed or Training Clubs you're associated with or have ever been associated with: _____

Please provide the name, address and phone numbers of three references **not related** to you or related to each other that you have know for at least five(5) years:

NAME	ADDRESS	PHONE	YEARS KNOWN
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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I certify that the information provided on this form is true and correct. I am also financially and physically able to care for this animal. I understand that proper food and veterinarian care can be costly and I am able to meet these requirements. Home checks are made on a random basis following adoption. If upon inspection RUFF finds that information contained in this application to be false or the dog is failing to thrive, you agree by signature

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below to surrender the dog to Janice Brooks of "RUFF" (Rescued Unwanted Furry Friends) with no refund of the adoption fee.

IF (For any reason) YOU CAN NO LONGER KEEP YOUR "RUFF" DOG OR YOU OR NEED TO GIVE UP YOUR DOG (for any reason), YOU AGREE TO RETURN THE DOG TO: "RUFF" 91 Ready Ave NW, FWB, FL 32548 (850) 863-7833

Applicant's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

By signing above.... "RUFF" Rescue has our permission to contact our vet for any information concerning our present and/or previous pets under the care of the vet that we have listed. We are applying for a "RUFF" dog and are happy to provide them the information necessary to help us adopt our next family member.

To be filled out by "RUFF" (Rescued Unwanted Furry Friends)

Date of adoption: ____/____/____ Dog Adopted: _____ Sex: ____

Age: _____ Health: _____ Microchip Number _____

Breed: _____ Spayed/Neutered: Yes ____ No ____

Identifying marks: _____

"RUFF" name for dog: _____

From AA revised 06/15/09