



## FOR THE LUV OF PAWS, II

Domestic Animal Rescue/Sanctuary

8115 W. Oatman Hwy

Golden Valley, Arizona 86413

(928) 897-7304

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[www.fortheluvofpaws.org](http://www.fortheluvofpaws.org)

### ADOPTION APPLICATION

Thank you for your interest in adopting a rescue dog. The dogs available for adoption are screened for temperament and health. Although a dog's background is generally unknown, we have done our best to assure you adopt a healthy dog. All dogs have received their vaccinations and have been spayed or neutered.

Although we cannot guarantee that there are no problems with the dogs in rescue, we have done our very best to assure that each dog we adopt out is a good candidate for a new family. We want our dogs and our adopting families to be happy with the placement.

The following application must be completely filled out so that we can make the right match between one of our dogs and his/her new 'parent'. We reserve the right, at our sole discretion, to deny an application. By submitting the completed application, by mail, in person or via the Internet, you give us permission to check the references listed and determine the sincerity of your interest in adopting a dog from our rescue program.

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

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

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

Name of Co-Applicant: \_\_\_\_\_

Relationship: Spouse \_\_\_\_ Parent \_\_\_\_ Child \_\_\_\_ Roommate \_\_\_\_ Other \_\_\_\_

E-mail address: \_\_\_\_\_ (Required if applying via the Internet)

Applicant Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-app Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Page 1 Adoption Application

1. How did you hear about FLP?
2. Why do you want to adopt a dog? (Give any/all reasons that apply.)
3. Do you have a preference in color, sex or age? If yes, please check:  
\_\_\_\_\_ Young: (Puppy to age 2)  
\_\_\_\_\_ Adult: (3-7 years old)  
\_\_\_\_\_ Veteran: (7+ years old)
4. Do you rent or own your home?
5. How long have you lived at your current address?
6. In what type of home do you live?  
House \_\_\_ Apartment \_\_\_ Duplex \_\_\_ Mobile Home \_\_\_ Condo \_\_\_ Other \_\_\_
7. If you rent, please provide landlord's name and telephone number.  
(Your landlord will be contacted.)  
\_\_\_\_\_
8. Are there any covenants (restrictions) that prevent your having a particular pet? If yes, please explain. \_\_\_\_\_
9. Who will be responsible for the care of this dog? \_\_\_\_\_
10. If you have children living in your home or that visit on a regular basis, please indicate ages and gender. \_\_\_\_\_
11. How many hours a day will your dog be alone? \_\_\_\_\_
12. If you have to move, what will you do with your dog?
13. Are you willing to take responsibility for this dog for the next 10+ years, in addition to any other pets or children you may have? Yes \_\_\_ No \_\_\_
14. Will this dog be taken annually to the veterinarian for rabies, distemper, hepatitis, leptospirosis, parainfluenza and parvovirus inoculations and be checked for parasites and heartworms? Yes \_\_\_ No \_\_\_
15. How will you control fleas and/or ticks? \_\_\_\_\_

16. If this dog were to develop heartworm, are you going to be willing to keep him/her on heartworm control as necessary? Yes \_\_\_ No \_\_\_
17. Have you ever owned a dog? Yes \_\_\_ No \_\_\_  
If yes: When? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_  
Is the dog(s): Living? Yes \_\_\_ No \_\_\_  
If no, what happened to the dog or dogs?
18. If you have other pets, please fill out this section:  
Breed/type \_\_\_\_\_ Age \_\_\_\_\_ Spayed/neutered \_\_\_ Yes \_\_\_ No  
Breed/type \_\_\_\_\_ Age \_\_\_\_\_ Spayed/neutered \_\_\_ Yes \_\_\_ No  
Breed/type \_\_\_\_\_ Age \_\_\_\_\_ Spayed/neutered \_\_\_ Yes \_\_\_ No
19. Provide the name of your veterinarian. \_\_\_\_\_  
(Will call for reference)
20. Do you have a fenced yard? \_\_\_\_\_
21. If yes, what type of fence? \_\_\_\_\_
22. If no, how will your dog be exercised? \_\_\_\_\_
23. Where will your dog be kept the majority of the time?
24. Where will your dog sleep at night?
25. Where will your dog be when there is no one at home?
26. What will you do if your dog exhibits undesirable behavior; i.e., digging, accidents in the home, barking, etc.?
27. Do you understand that this dog may not be housebroken? \_\_\_\_\_
28. Are you willing to take the time to properly housetrain him/her? \_\_\_\_\_
29. Do you understand it may take at least 30 days for this dog to adapt to his/her new home? \_\_\_\_\_
30. Would you be willing to adopt a dog with a medical condition; i.e., allergies, thyroid problems, etc.? \_\_\_\_\_  
(We do not adopt out dogs with major medical problems.)
31. Would you be willing to adopt a dog with a behavior problem; i.e., Chewing, separation anxiety, fear of thunderstorms, etc.?

We will NOT adopt out a dog that is aggressive or has a history of biting, under any circumstances.

32. Please write any comments you may have in this space. Also, indicate any health or behavior problems that you could NOT handle; i.e., dog aggression, cat aggression, administering daily medications, etc.
33. Please provide names and telephone numbers of three references (non-family) we may call.

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**\*\*PLEASE NOTE: If for any reason you are not able to keep your adopted dog, you must return the dog to FLP.** By signing this adoption application, you are agreeing to this condition. \_\_\_\_\_ (initial) (\$50 of adoption fee non-refundable.) ++

When completed, this form pertains to: (Names of dog(s) in FLP's care)

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|   |                |             |                   |
|---|----------------|-------------|-------------------|
| <b>Name:</b>  | <b>Gender:</b> | <b>Age:</b> | <b>Fee: \$175</b> |
| Med Status: Altered; current on all vaccinations; (Adoption fee covers these costs) |                |             |                   |

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\*\* Rabies vaccinations are given by a licensed veterinarian. 5-way parvo/distemper vaccinations are given in-house to protect the health of the dog. The veterinarian you choose may not accept FLP's 5-way vaccinations.

\*\* A home visit is required by an FLP representative before any adoption is completed.

\*\* By signing this form, you acknowledge that you have read and understand all terms and conditions included and that all information you have given is true and accurate.

Completed this date: \_\_\_\_\_

Signature required.

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Prospective adoptive parent  
\*\*Attach: Adoption certificate

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FLP Representative