Tri County Animal Rescue

Application for Dog Adoption

Photo I.D.

21287 Boca Rio Road
Boca Raton, FL 33433
(561) 482-8110

Do you have a specific pet in mind? _____

Are you aware that adopting a pet is an 18+ year commitment? _____

Your Name: _____ Email Address: _____

Address: _____ Cell Phone: _____

Town/State/Zip: _____ Home Phone: _____

Employment: **Employer**: _____ **Position Title**: _____

(If self-employed list type of business) How long have you held this position? _____

Housing: ☐ Own ☐ Rent (*If so, we must have written verification of your pet policy*)

☐ Single Family Home ☐ Mobile Home ☐ Apartment ☐ Condo ☐ Townhouse

Landlord Name/Phone Number : _____ Community Name: _____

Number of Adults (+18) in Household: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you: ☐ Single ☐ Married ☐ Have Children: Number of children & Their Ages: _____

Anyone in household have Allergies/Asthma? (Please specify) _____

Number of animals in household: _____ Breeds: _____ Names: _____ Ages: _____

Heartworm Prevention Current? **Yes / No** Pets' Vaccines Current? **Yes / No** Pet Spayed/Neutered? **Yes / No**

Current Veterinarians Office Used: _____ **Phone #**: _____

IF NONE: When was the last time you had a pet? _____

What happened/Where are they now? _____

How many hours alone will the pet spend TOTAL per day on average? _____

Where inside the house will your pet stay when you are not home?_____

If your pet becomes sick or injured, are you prepared to afford the medical costs? ☐ Yes ☐ No

If there is any reason you can no longer care or provide a stable home for your pet, what will you do with them?

_____

Have You Ever surrendered an animal to a Shelter/Rehomed a pet? ☐ Yes ☐ No

If so, when and why?_____

Do You Plan on Moving Soon? If So, When? _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Reviewed By: _____ Check DNA: _____ UTD: Yes/No Sterilized: Yes/No Proof of Address: _____

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Have ALL the members of your household agreed to this adoption? ☐ Yes ☐ No

Is everyone in the household present? ☐ Yes ☐ No

If any household members are not in favor of this adoption, what are their concerns/objections?_____

_____

What do you anticipate your pet's monthly expenses will cost?

_____

Where will your pet be when you are out of town?

_____

What characteristics would make a pet best fit into your home?

_____

_____

What is your preferred level of exercise with your dog? How active is your home?

_____

Do you have a fenced in yard? ☐ Yes ☐ No

Please tell us about the dog's weekly schedule as it relates to your own schedule.
What is the average amount of hours during the day will your pet be home ***alone***?
For example, is everyone gone to work between 8:00 am and 4:00 pm?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Which members of the household will be the primary care givers during an average day?

_____

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What will be your pet's personal space when you are ***NOT*** at home? Check all that apply.

- ☐ Anywhere inside the house
- ☐ Crating
- ☐ Designated area (gated-in kitchen, room with closed door, etc)
- ☐ Left outside

Which of the following behaviors or characteristics present an intolerable problem for you? Check all that would apply.

- ☐ Barking/howling
- ☐ Jumping up on people/furniture
- ☐ Chewing on shoes/furniture
- ☐ Shedding (Preference or Allergy?)
- ☐ Digging
- ☐ Not housebroken
- ☐ Teething/Nibbles
- ☐ None of the above
- ☐ Other: _____

If any of the above issues were to apply to your new pet, how will you address them?

_____

Would you consider taking your pet to **professional training** if needed?

_____

If the above selected behavioral issues were to persist, would it result you in returning the pet?

_____

If for any reason you were to pass away before your pet, who would then claim ownership?

_____

Do you have any doubts or hesitations on long term adoption?

_____

Signature: _____ **Date:** _____

Tri-County Animal Rescue Meet & Greet

Liability Agreement

I, _____ understand that I will be meeting with animals that may be unpredictable. I am also aware that there is a risk of illness/exposure, getting bit, scratched, or injured in some other way when they come into contact with my pet, family members, and myself. I agree to take full responsibility with respect to any medical treatment needed and will not hold TCAR accountable for any injuries that may occur. I also agree to report all bites, scratches and/or injuries to TCAR staff immediately.

Signature:_____ Date:_____