 *FurryTail Endings Canine Rescue* 

Adoption Application

Thank you for your interest in adopting a dog rescued by FurryTail Endings Canine Rescue. FTECR wants to make certain that every animal adopted goes to a loving home where it will be well cared for. Because of this, our application asks a number of detailed questions which are necessary for our screening process.  
  
Important note:  
FurryTail Endings Canine Rescue is an all volunteer rescue that does not have a shelter. All animals are placed into loving foster homes until they find their forever homes which could be located anywhere in NJ. \*\*Adoption fees are $350 for Puppies up to 11 mos & $300 for Dogs 1 yr & older\*\*  
  
All information will be kept confidential. If you have any questions, please call us at (908) 507-0566 or use our [contact form](http://www.furrytailendingscaninerescue.org/write.php).  
  
**Please allow up to a week for processing your application. Thank you!**  
  
**Questions in red are required for on-line submission**

Top of Form

|  |
| --- |
|  |
| **Name of dog you are interested in:** |  |
| **Your full name:** |  |
| **Your age:** |  |
|  | **NOTE:**You must be at least 21 to adopt from FTECR.  Proof of age will be required prior to completing adoption. |
|  |  |
| **Home address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
| **Home telephone:** |  |
| **E-mail:** |  |
| **Your place of employment:** |  |
| **Your work telephone:** |  |
| **Spouse or partner's name:** |  |
| **Spouse or partner's work telephone:** |  |

## ABOUT YOUR HOME

Please complete this section for the household in which your dog will reside.

|  |  |  |
| --- | --- | --- |
| **1. Type of residence** | | |
| **House** | **Condo** | **Apartment** |
| **Mobile Home** | **Boarding House** | **Dormitory** |
| **Other:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Do you** | **Own** | **Rent** | **Live w/parents** | **Other:** |

**3. If you are a renter or live in a condo, does your landlord/association allow dogs?**.  
**Name of Landlord or Condo Association:**   
**Phone number:**   
  
**4. How long have you lived at this address:**   
**Any any plans to move in the next few years?**Choose an item.   
**How many times have you moved in the past five years?**   
**What would you do if you moved to a residence where dogs are not permitted?**

## ABOUT YOUR FAMILY

**1. How many adults live in this household?**   
**How many children live in this household?**   
**Ages of children in this in household?**   
**Number of children who visit?**   
**Ages of children who visit?**   
  
**2. Are all members of your household in agreement about adopting a dog / puppy?**Choose an item.   
  
**2a. Is anyone in your household nervous or unsure around dogs?**Choose an item.   
  
**3. For whom would you be adopting this dog/puppy?**Choose an item.   
  
**4. Who will be the primary caregiver for this animal?**   
**Who will be financially responsible for this animal?**   
  
**5. Do any members of your household have asthma, or have allergies to dogs?**Choose an item.   
**If yes, who?**   
  
**6. Describe your household activity/noise level:**Choose an item.   
  
**7. How often do you travel?**Choose an item.

**How will you care for your dog when you are away from home?**  
       
  
**8. In the event of an emergency, who would care for your dog or what arrangements would you make?**  
       
  
**9. For how many hours would the dog be alone during the day?**

*(please consider what time you leave for work and what time you return home)*

## ABOUT YOUR CURRENT PET(S)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Species/Breed** | **Age** | **Gender** | **Spayed/ Neutered** | **Had how long?** | **Up-to-date on vaccs?** |
|  |  |  | Choose an item. | Choose an item. |  | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |  | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |  | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |  | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |  | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |  | Choose an item. |

**1. If you have a cat, does it get along with dogs?** Choose an item.   
  
**2. If you have a cat, is it declawed?**Choose an item.   
  
**3. If you have a dog, does it get along with other dogs?** Choose an item.   
  
**4. What veterinary hospital do your animals go to?**   
    **May we call to verify vaccinations and spay/neuter status?**Choose an item.   
  
**5. Are you experiencing any difficulties with your current pets in terms of health or behavior?**Choose an item.   
    **If yes, please describe:**

## PET HISTORY

1. **Have all of your family members been around dogs?**Choose an item.   
     
   **2. Have you had the experience of being primary caregiver to a dog?**Choose an item.   
     
   **3. Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it?**Choose an item.   
     
   **4. Have you ever had a pet for a short period of time and it didn't work out?**Choose an item.   
     
   **5. Have you ever had an animal lost or stolen?**Choose an item.   
     
   **6. Have you ever had to retrieve your animal from a pound, shelter or animal control facility?**Choose an item.   
     
   **7. Have you ever had an animal die as the result of being hit by a car, being poisoned or from unknown causes?**Choose an item.   
     
   **8. Are your current dogs licensed?**Choose an item.  If no, why not**?**   
     
   **9.** Are your pet's vaccinations current?Choose an item. If no, why not**?**
2. If dog(s), heartworm preventive?Choose an item. If no, why not**?**
3. If cat(s), have they been tested for feline leukemia**?**Choose an item.    
     
   **10. Have you ever adopted from FTECR?**Choose an item.

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| --- | --- | --- | --- | --- | --- | --- |
| **Pets owned over the past 10 years:** | | | | | | |
| **Name** | **Species/Breed** | **Spayed/ Neutered** | **Owned how long?** | **What happened to this pet?** | **How long ago?** | **Vet you used?** |
|  |  | Choose an item. |  |  |  |  |
|  |  | Choose an item. |  |  |  |  |
|  |  | Choose an item. |  |  |  |  |
|  |  | Choose an item. |  |  |  |  |
|  |  | Choose an item. |  |  |  |  |
|  |  | Choose an item. |  |  |  |  |

## PLANS FOR YOUR NEW PET

|  |  |  |
| --- | --- | --- |
| **1. Will the dog live:** | | |
|  | **Indoors mostly/Outdoors for elimination and exercise** | **Outdoors only** |
|  | **Outdoors mostly/Indoors on occasion** | **Not sure** |

**2. Where will the dog be when nobody is home?**  
    **Indoors**     **Outdoors**     **Either Indoors or Outdoors**   
  
**3. Do you have a fenced yard?**Choose an item.   
  
**4. What veterinary practice do you plan to use?**

|  |  |  |
| --- | --- | --- |
| **5. If you adopt an animal who has not been spayed or neutered do you:** | | |
|  | **Intend to have it spayed/neutered** | **Intend to let it have puppies** | **Not sure** |

**6. Are you aware that some dogs require a period of weeks or even months   
    to adjust to their new home/environment/family/other pets?**Choose an item.

|  |  |  |
| --- | --- | --- |
| **7. Are you willing to allow for this adjustment period?** | | |
|  | **Yes** | **No, I prefer a pet who will adjust quickly** | **Not sure** |

## 8. Are you willing to bring your pet to a veterinarian for yearly exams, and for vaccinations per your veterinarian's recommendations? Choose an item.

## 9. Are you able / willing to pay for emergency care, which could result in a bill      of $200 to $1,000 or more? Choose an item.  10. Are you able / willing to pay for pet expenses including veterinary care, supplies, toys,        boarding/pet sitting, grooming, food, etc.? Choose an item.

## 11. Are you able to commit to providing a home for a dog for the life of the dog? Choose an item.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **12. What would cause you to return the pet to us at some time in the future? (Check all that apply):** | | | | | | | | | | | | | | | |
|  | **Having a baby** | | | | **Divorce, death of spouse/partner** | | **Dog does not get along with other pets** | | | | |
|  | **Moving** | | | **Allergies/Shedding** | | | | | **New household member dislikes dog** | | | |
|  | | **Pet bites someone** | | | | **Behavior problems** | | | | **Can't housebreak the pet** | | | | |
| **Want to travel** | | | **Pet develops a serious medical condition that I can't afford to treat** | | | | | | | **Pet chews on furniture or is destructive** | | | |
| **Can't afford the pet** | | | **Kids go away to school, don't want to care for pet** | | | | | **Too much energy, hard to control** | | |
| **Other** | | | | | | | | | | |

**13. If your dog exhibits behavioral or adjustment issues, would you be willing   
      to seek the advice of a FTECR representative?**Choose an item.   
  
**14. Would you be willing to pay for obedience or behavioral sessions?**Choose an item.

**PREFERENCES**

**1. I prefer a dog that is:****Small** **Medium** **Large** **Any size**   
  
**2. Reasons for adopting:****Companionship** **Watch dog** **Other**    
  
**3. Energy level preferred:****High** **Medium** **Low**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. I intend to (check all that apply):** | | | | |
|  | **Walk dog on a leash** | | **Walk dog off leash** | |
|  | **Bring dog to a dog park** | | **Hunt with the dog** | |
|  | **Go jogging or hiking with the dog** | | **Let the dog exercise himself in the yard** | |
| **5. I prefer a dog who is (check all that apply):** | | | | | |
|  | **Adult** | **Senior** | | **Puppy** | |
|  | **Male** | **Female** | | **Spayed/Neutered** | |
|  | **Indoor only** | **Indoor/outdoor** | | **Outdoor only** | |
|  | **Mellow/quiet** | **Lap dog** | | **Protective** | |
|  | **Very active/energetic** | **Mainly an outdoor dog** | | **Happy to meet new people** | |
|  | **Hypoallergenic** | **Likely to be housetrained** | | | |

## 6. Breeds/mixes I prefer:

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| --- | --- | --- | --- |
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|  | |  |  | | --- | --- | | **7. When it comes to relating to dogs, I consider myself:** | | |  | **Strict, demanding, a strong leader (dog must sit for a cookie and follow my rules)** | |  | **Lenient, a little wishy washy, easily coerced by the dog (the dog looks cute so he gets a treat without sitting, can jump on the couch uninvited)** | |  | **Somewhere in between** |   **8. My ideal dog would:**        **9. Bad doggie habits I cannot tolerate:** |  |  |
|  | **10. Please share with us anything you would like for us to know about the        new dog that you would like to add to your family:**          **11. Would you be interested providing a temporary home (foster) for one of dogs or puppies?**Choose an item.   **12. Would you be willing to have an in-home visit by a FTECR representative after you have adopted from us?**Choose an item.  **Please provide three non-relative personal references:**   |  |  |  | | --- | --- | --- | | **Name** | **Phone number** | **How long known** | |  |  |  | |  |  |  | |  |  |  |   **By clicking the Submit button below, I certify that:**   * The information I have given is accurate & truthful * I understand that FurryTail Endings Canine Rescue has the right to deny any application * I give permission for a representative of FurryTail Endings Canine Rescue to call the references and Veterinarian I have listed |  |  |
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