 *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

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| **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.

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

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| --- | --- | --- | --- | --- |
| **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-dateon 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 happenedto 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

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| **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?**

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| **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.

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| **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**



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| **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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| **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:**

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| **Name** | **Phone number** | **How long known** |
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**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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