



Dog Adoption Application Form

Your Contact Information

First Name M.I. Last Name

Address (inc. house #, street, city, state, & zip code)

How long at this address: _____ If less than five (5) years, please provide previous address:

Previous address (inc. house #, street, city, state, & zip code)

Daytime Phone: _____ Best time to call: _____

Evening Phone: _____ Best time to call: _____

E-mail address: _____

Occupation: _____ Date of Birth: _____

Family & Housing

How many other adults live in this household? _____ (List below, use a separate sheet if necessary).

Spouse/Partner/Significant Other: First Name M.I. Last Name

Other Adult: First Name M.I. Last Name Relationship to You

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How many children (ages)? _____

Is everyone in agreement with the decision to adopt a dog? _____

Please describe your household: _____ Active _____ Calm _____ Noisy _____ Quiet

What type of home do you live in (single family, town home, apartment, farm, etc.)?

If you rent, please give the rules governing pets and the landlord's name and number:

Landlord's Name	Landlord's Telephone Number
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*(By providing this information, you are allowing BD&CR to contact your landlord.
Please inform them of this call so they will speak with us.)*

Does anyone in the family have a known allergy to dogs? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have? Please specify type (i.e., dog/cat/rodents/reptiles/birds/other), male or female, and est. age below (use a separate sheet if necessary):

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why? _____

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident? _____

How do you discipline your pets, when, and why? _____

Veterinarian

Do you have a regular veterinarian? _____ Yes _____ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

*(By providing BD&CR with this information, you are allowing BD&CR to call your vet.
Please call your vet and ask them to authorize the release of information to BD&CR.)*

Do you agree to provide regular health care by a Licensed Veterinarian? _____ Yes _____ No

About the Dog You Wish to Adopt

Name(s) of the BD&CR dog(s) you're interested in:

1st choice: _____

2nd choice: _____

3rd choice: _____

What is your idea of an ideal dog and why? _____

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: _____ Spayed Female _____ Neutered Male _____ No preference

Willing to adopt: ___ outgoing/hyper dog _____ shy dog

_____ dog that needs regular medication _____ dog that needs training

_____ dog that needs grooming _____ None of these

Estimated number of hours the dog will spend alone per day: _____

Where will the dog spend the day? (describe) _____

Where will the dog spend the night? (describe) _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to keep the dog as an indoor dog? _____ Yes _____ No Fenced yard? _____

When the dog goes out, how do you plan to supervise it? _____

Are you willing to participate in professional dog training classes within 120 days of adoption?

_____ Yes _____ No If no, why? _____

Who will you use or where will you take the dog for training? _____

Do you agree to contact BD&CR if you can no longer keep this dog? _____ Yes _____ No

Will you allow a representative of BD&CR visit your home by appointment? _____ Yes _____ No

How did you hear about BD&CR? _____

Would you be interested in fostering? _____ Yes _____ No _____ Would like to know more

References (Please list people who are familiar with both you & your pets, but who are NOT family members)

Name: _____

Address: _____

Phone: _____

Relationship (neighbor, friend, coworker, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (neighbor, friend, coworker, etc.): _____

All of the information I have given is true and complete. This dog will reside in my home as a family pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, and an annual physical examination, vaccinations, & preventatives under the supervision of a licensed veterinarian.

(Signature)

(Date)

Return this completed application to Black Dogs & Company Rescue, Inc.

Via email: rescueblackdogs@yahoo.com (don't forget to attach the saved file to your e-mail)

Via postal service: P.O. Box 84, Darlington, MD 21034

Please Note: Black Dogs & Company Rescue, Inc. reserves the right to decline or not accept any application based on the information we've received or are given during the approval process and up to signing the adoption contract, with no explanation to the applicant. Information received during the approval process is considered confidential. The right to decline an adoption is at the sole discretion of Black Dogs & Company Rescue, Inc. and/or Black Dogs & Company Rescue Inc.'s representatives.