



ADOPTION APPLICATION

REVISED 12-4-13

Name:				DOB:	
Street Address:					
City, State, Zip:					
E-mail:					
Phone:	(H)	(C)	(W)		
References					
Name	Address		Phone	Relationship	
<input type="checkbox"/> Own Home <input type="checkbox"/> Own Apartment <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Other:					
If renting, landlord's name & phone:					
Do you have a fenced in yard: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of fence:					
Are there any slats/openings that could allow a small dog to get in/out: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all pets living with you, sex, age, temperament, and whether they are spayed or neutered.					
Have you kept your pet on heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what brand?					
Do you have a pool: <input type="checkbox"/> Yes <input type="checkbox"/> No Is it fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No					
How do you introduce a dog to pool?					
Please list all persons living with you: (If none, write n/a)					
Name:	Age:	Relationship:			
Name:	Age:	Relationship:			
Name:	Age:	Relationship:			
Name:	Age:	Relationship:			
Name:	Age:	Relationship:			
Is everyone in your home aware that you have applied to adopt? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is everyone agreeable to adopting a new family member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dog Age:	<input type="checkbox"/> Senior (over 9 yrs) <input type="checkbox"/> Adult (3-8 yrs) <input type="checkbox"/> Juvenile (6 months -3 yrs) <input type="checkbox"/> Puppy (under 6 months)				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Energy level:	<input type="checkbox"/> Active <input type="checkbox"/> Moderately active <input type="checkbox"/> Couch potato		

Please list all animals living with you: (If none, write n/a)			
Name:	Age:	Breed:	Date of last vaccination:
Name:	Age:	Breed:	Date of last vaccination:
Name:	Age:	Breed:	Date of last vaccination:
Veterinarian Name and Phone:			
<p>Hours per day that dog will be left alone:</p> <p>During the week: <input type="checkbox"/> less than 4 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> more than 10 hours</p> <p>During the weekend: <input type="checkbox"/> less than 4 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> more than 10 hours</p> <p>While left alone, dog will be:</p> <p><input type="checkbox"/> individual crate <input type="checkbox"/> shared crate <input type="checkbox"/> in a restricted area of home <input type="checkbox"/> free to roam entire house</p> <p><input type="checkbox"/> other (please explain):</p> <p>Note: We recommend crating a new dog in a wire crate when left alone until the dog is fully integrated into the family routines and expectations.</p> <p>What behaviors concern you the most? Would these cause you to return the dog to the TBTR?</p> <p>What exercise plans do you have for your dog?</p> <p>Do you plan to enroll the dog in obedience school? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> only if behavioral problems exists</p> <p>What "normal" dog/puppy behavior challenges are you prepared to deal with? (e.g., chewing, housebreaking, barking etc.)</p> <p>Do you have any concerns about adopting? If so, please explain:</p>			
<p><u>TBTR MAKES NO GUARANTEES OR STATEMENTS REGARDING THE DOG'S AGE, BREED, HEALTH, OR TEMPERAMENT. WHILE TBTR HAS MADE EVERY EFFORT TO PROVIDE ACCURATE HISTORY AND ASSESSMENT OF THE DOG, TBTR IS NOT ABLE TO GUARANTEE THE DOG'S AGE, BREED, MEDICAL STATUS, BEHAVIOR OR DISPOSITION. TBTR IS AVAILABLE FOR CONSULTATION, ADVICE AND ASSISTANCE PERTAINING TO THE HEALTH, TRAINING AND COMPATIBILITY OF THE DOG. ADOPTER AGREES TO RELEASE TBTR AND ITS OFFICERS, DIRECTORS, MEMBERS OR REPRESENTATIVES AND HOLD HARMLESS OF ANY AND ALL POSSIBLE CLAIMS ARISING FROM INJURY OR DAMAGE CAUSED BY THE DOG TO ANY PERSON OR PROPERTY. ADOPTER ACCEPTS THIS DOG AS IS WITH ALL DEFECTS, EITHER OBSERVABLE OR UNOBSERVABLE, AND ASSUMES ALL RISK FOR THE DOG UPON SIGNING OF THIS CONTRACT. ADOPTER SHALL INDEMNIFY AND HOLD HARMLESS TBTR, ITS OFFICERS, DIRECTORS, MEMBERS, REPRESENTATIVES, VOLUNTEERS, EMPLOYEES, CONTRACTORS, AND AGENTS ("INDEMNITIEES") FROM AND AGAINST ANY AND ALL LIABILITY IN ANY WAY RESULTING FROM OR ARISING OUT OF THIS AGREEMENT AND/OR THE ACTS OR OMISSIONS OF INDEMNITIES. BY FILLING OUT THIS APPLICATION AND PROVIDING IT TO TBTR, WHETHER BY PAPER OR ELECTRONICALLY, YOU AGREE TO THE ABOVE.</u></p>			
Signature			Date
Best way to contact you: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Email			

This organization provides equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability. Thank you for your interest in adopting with us.