



Adoption Application

Please complete this application to the best of your ability. Our goal is to match your home with the right dog, ensuring a lifetime of love for the pet and adopter. You may return the application to us by email or mail. Return to: CARES, 1522 Camp Street, New Orleans, LA 70130 or caresanimalrescuela@gmail.com

Name(s): _____

Address: _____

City, State, Zip: _____

Previous Address: _____

Previous City, State, Zip: _____

Phone No. (with area code) Home: _____ Work: _____

Fax No. (with area code) _____ Email: _____

Optional: Drivers License No. (with state): _____ SS.# _____

Date of Birth: _____ Marital Status: _____ Spouse's Date of Birth: _____

Occupation: _____ Spouse's occupation: _____

Employer's Name: _____

Employer's Telephone Number: _____

May we contact your employer? Yes No

Names and relation of other adults in household: _____

Names and ages of children living and/or visiting in household on a regular basis: _____

If no children, planning on children? _____

Do you currently own dog(s)? No Yes How many? _____

Breeds and Sex? _____ Ages: _____ Spayed/neutered? _____

Other Information: _____

Would you be interested in breeding your rescue dog? No Yes

Do you currently own any other type of pets? No Yes How many? _____

What kind? _____

Are you interested in Male: _____ Female: _____ Either: _____

Age preference: Puppy: _____ Young adult: _____ Older dog: _____ Color: _____

Are ALL family members in agreement about getting a dog? Yes No

How long have you lived at the present address? _____

Residence: Apt/condo Townhouse Trailer Single Family Farm Other: _____

Own Rent

Rural Suburban Urban

If rent, does Landlord approve of dogs? Yes No

Landlord's Name and telephone number: _____

If rent, please attach written permission from Landlord to have a dog on the property.

Approximately how large is your yard? _____

Fenced yard: Yes No Type of fence: _____ Height: _____

If no fence, how do you plan to exercise your dog? _____

Where will the dog live? Inside Outside Kennel Other (list): _____

If the dog will live outside, describe the type of shelter it will have: _____

While the dog is outside, will the dog be Fenced Tied or Chained Free to roam

Do all adult family members work outside the home? _____

Approximate hours: _____ Hours during the week the dog would be alone: _____

Where will the dog be kept when you are home? _____

Where will the dog be kept when it is alone? _____

Where will the dog sleep at night? _____

How will the dog be cared for on overnight absences or while on vacation? _____

How much time will you be able to spend with the dog daily? _____

Have you ever owned a dog before? No Yes Breed _____

What happened to previous dogs: Ran away: _____ Stolen: _____ Sold: _____ Given away: _____

Why? _____

Given up to rescue or a shelter? If so, why? _____

Euthanized? If so, why? _____

Died? _____ Cause of death? _____ Age? _____

What did/do you like best about your past or current dog? _____

What did/do you like least about your past or current dog? _____

What type of temperament would best suit your family? _____

What is your family's activity level? Athletic: _____ Moderate: _____ Medium: _____ Low: _____

Retired: _____ Other (list): _____

Will you take the dog to obedience classes? Yes No Why or why not? _____

How much do you think it will cost per month to feed and care for your dog? _____

Are you interested in providing foster care to a dog while awaiting the dog of your choice? Yes No

(Foster families may be given priority in adopting the dog in their care)

Please list your current veterinarian:

Name: _____

Clinic Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Please list one personal reference:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please list one personal reference (non-relative)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

How did you learn about CARES? _____

Do any family members have allergies to hair, dander, or dust? _____

Please list any other information/comments you feel may help us in placing a dog in your home:

I certify that the information contained in this application is true and correct and I understand that prior to the placement of a rescue dog in my home, the information will be verified. I also agree to a personal interview and home visit to determine the suitability of my facilities to care for a rescue dog. Please note, there is a required donation of \$_____

Applicant's Signature

Date

Applicant's Signature

Date