

## FOSTER DOG ADOPTION APPLICATION



(530) 713-9079/www.resqpaws.org

Please fax the completed form to 530-674-7456 or email to [info@resqpaws.org](mailto:info@resqpaws.org)

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

1. Name of dog that you are interested in adopting: \_\_\_\_\_

2. Do you currently live in a ☐ House ☐ Apartment ☐ Condo ☐ Other \_\_\_\_\_

3. Do you currently ☐ Own ☐ Rent ☐ Lease the residence where you live?

4. How long have you lived at your current residence? \_\_\_\_\_

If you are not the property owner, ResQpaws will verify your residence's current pet policy.

Landlord's Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

5. How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_

6. Is this dog a gift? ☐ Yes ☐ No If yes, for whom? \_\_\_\_\_

7. Which of the following best describes your reasons for wanting this dog? (Check all that apply)

- |  |                                    |                                  |  |   |
|--|------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Companion       | <input type="checkbox"/> Guard Dog | <input type="checkbox"/> Hunting | <input type="checkbox"/> Breeding      | <input type="checkbox"/> Obedience Training |
| <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Agility   | <input type="checkbox"/> Jogging | <input type="checkbox"/> Walking Buddy | <input type="checkbox"/> Couch Warmer       |

8. How many hours a day will the dog be left alone? \_\_\_\_\_

9. Where will the dog be kept when no one is home? \_\_\_\_\_

10. Where will the dog be kept at night? \_\_\_\_\_

11. Do you have a fenced yard? ☐ Yes ☐ No If so, how high is your fence \_\_\_\_\_ Type of fence \_\_\_\_\_

12. If you have other pets: Are their vaccinations current? ☐ Yes ☐ No

Continue to next page

13. If your current pets are not current on vaccinations, why? \_\_\_\_\_

14. Do you have a regular veterinarian? ☐ Yes ☐ No Name and Phone \_\_\_\_\_

15. Under what circumstances would you **not** keep this dog? \_\_\_\_\_

16. Please list all of the pets you have had in the past five years including those you no longer own

Species	Breed	Age	Sex	Altered	Owned How Long	Status of Animal
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

17. When it comes to relating to dogs, I tend to be more:

- ☐ Strict, demanding (the dog must sit for a cookie)  
☐ Moderate, (encourage good behavior, ignoring bad)  
☐ Lenient, a little wishy-washy, easily coerced by the dog (the dog looks cute, so he/she gets the cookie without performing the sit)

18. Are you in the military? ☐ Yes ☐ No

19. If you are in the military, what are your plans for your dog if you were to deploy? \_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if any animal has been adopted to me, the return of that animal to ResQpaws.

I agree that if I am approved for adoption and at any point cannot keep the animal I adopted, I will contact ResQpaws BEFORE taking the animal to a shelter so we can discuss my options.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Date Application Approved \_\_\_\_\_ Adoption Fee Paid ☐ Cash ☐ Card ☐ Check

Date Application Denied \_\_\_\_\_ Adoption Fee \$ \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Approval/Denial Made By \_\_\_\_\_