APPLICATION FOR ADOPTION "SOUTHERN JEWEL RESCUE"

After filling out the application, please call your veterinarian to give us permission to do a vet reference check.

PLEASE COMPLETE ALL INFORMATION AND E MAIL YOUR APPLICATION TO: lovedogs.rescue@gmail.com

- ***THE TOTAL ADOPTION FEE IS COMPRISED OF AN ADOPTION FEE AND A TRANSPORT FEE.
- ***ADOPTION FEE IS PAID TO SJDR TO HELP COVER THE COST OF SPAY/NEUTER, VACCINATIONS, DEWORMING, HEARTWORM & FLEA/TICK PREVENTION.
- ***TRANSPORT FEE IS PAID DIRECTLY TO THE COMPANY WHO DELIVERS THE DOG FROM THE SOUTH TO THE NORTH

FROM THE SOU	IHIC) THE NOR	ΙΗ						
First Name:				Last Name:					
Co-Applicant:		Last Nan			:				
Street Address:									
City:	State & Zip:				Mailing address (if different)				
Home Phone:						e:			
Work Phone(s):					Email Add				
Complete answers to the following will help us match your specific needs and expectations.									
Age desired: Any, Specific Age, Senior (8 years and older):									
Is there a specific dog that you are interested in?									
If so, which one? Name, Specify color, and gender?									
Why are you interested in this particular dog?									
Would you consider a Special/needs dog - one who requires medication?									
Will you accept a mix?		Activity Level:				Calm			
Sex: (Male, Female, Eith	er) Ages of ALL fa			of ALL fam	ily memb	ers:			
Do they or other family members live with or visit you often?									
Do they share your interest in adopting a dog?									
Who is the dog primarily for: (Adult, Child, Elderly)									
Who will care for, train ar	nd exercis	se the dog?							
Does anyone in your household have allergies?			If Yes, to what allergens?						
May we visit your home papplication approval?	If Yes, when is			est?					
Please list all the most	recent p	ets you have ov	vned in th	he past:					
Species (dog/cat)	Sex	Spayed/ Neutered	What hap	ppened to	d to the pet? Please add pet's name (vet check reasons)				
						•			

Please provide the full name, City, State, and phone number (very important) of your current veterinarian:								t veterinarian:		
Name						Phone				
City						State & Zip				
Where do you purchase heartworm preventive if not from your vetering						eterinarian?		Brand?		
Please identify any other veterinarians that you have used most recently:										
Name						Phone				
City						State & Zip				
	How long have you lived at your current address?					Do you own or rent?				
Renters: Must provide Landlord's name/phone:										
Do you have the permission of your landlord to have a dog? If so up to what size?					Yes or No Size					
				How lon		daily will the dea he left alon				
Will the dog house?	Will the dog be allowed in the house? (withouse)			(without	ong daily will the dog be left alone ut humans)? EXPLAIN/DESCRIBE TAIL WHAT YOU DOG'S DAY WILL					
	Where will the dog stay when you are away from the house?						•			
Are you familiar with the use of a dog crate to train the pet during your absence or at night?			1							
				f fence? (include Height, and Length)						
	vou do not have a fence, will Appr u install one?			1	ximate size of dog's yard					
Will the dog	g be walked da	aily?		Exercise	ed	in a fenced yard?				
					our dog receive formal ence training?					
Have you e before?					vare that routine costs 500/dog/year?					
Have you ever cold, given away, or autrendered a pot to a										
Have you ever sold, given away, or surrendered a pet to a shelter?					1					
If yes, please specify why										
Please tell us why you want a dog:										
Please tell us a little of your lifestyle, your family including any special activities in which your dog would be included. (If you have any requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle)										
When you move what will you do with your dog?										
Do you understand the state and local ordinances concerning licensing and leashing?										
Have you, or any member of your family or household ever been cited for leash law violations or cruelty to animals in the past?										

If YES please specify:						
When you go on vacation who where will it be care for?	will care for your dog and					
I/we attest that the information completion and submission of t		ue and accurate to the best of my/our kno ee adoption of a dog.	owledge.	I/we understand that		
Applicant's Signature	Submission by email will serve	e as signature agreement	Date:			
Co-applicant's Signature			Date:			

Don't forget to call your Veterinarian to give us permission to do a Vet reference check.

Email your completed Adoption Application back to lovedogs.rescue@gmail.com

(MS Word Document format preferred)