

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

| | | | |
|-----------------|--------------|--------------------------------|--|
| First Name: | | Last Name: | |
| Co-Applicant: | | Last Name: | |
| Street Address: | | | |
| City: | State & Zip: | Mailing address (if different) | |
| Home Phone: | | Cell Phone: | |
| Work Phone(s): | | Email Address: | |

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: High, Med, Calm |
| Sex: (Male, Female, Either) | | Ages of ALL family members: |
| 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 and exercise the dog? | | |
| Does anyone in your household have allergies? | | If Yes, to what allergens? |
| May we visit your home prior to application approval? | | If Yes, when is best? |

Please list all the most recent pets you have owned in the past:

| Species (dog/cat) | Sex | Spayed/ Neutered | What happened 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:

| | | | |
|---|--|-------------|--------|
| Name | | Phone | |
| City | | State & Zip | |
| Where do you purchase heartworm preventive if not from your veterinarian? | | | 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 | |

| | | | |
|--|--|---|--|
| Will the dog be allowed in the house? | | How long daily will the dog be left alone (without humans)? EXPLAIN/DESCRIBE IN DETAIL WHAT YOUR DOG'S DAY WILL BE LIKE | |
| 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? | | | |
| Is your yard fenced? | | Type of fence? (include Height, Width, and Length) | |
| If you do not have a fence, will you install one? | | Approximate size of dog's yard area | |
| Will the dog be walked daily? | | Exercised in a fenced yard? | |
| Ever allowed to run free without supervision? | | Will your dog receive formal obedience training? | |
| Have you ever had a dog before? | | Are you aware that routine costs average \$500/dog/year? | |

| | |
|---|--|
| Have you ever sold, given away, or surrendered a pet to a shelter? | |
| 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 will care for your dog and where will it be care for? | |

| | | | |
|--|---|-------|--|
| I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/we understand that completion and submission of this application does not guarantee adoption of a dog. | | | |
| Applicant's Signature | Submission by email will serve 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)