

We All Need a Rescue (WANAR) K9 Rescue
Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

City: _____ Postal Code: _____

How long at Address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your household (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Do you have a fenced yard? What type of fence? How tall?

Please describe your household: __ Active __ Noisy __ Quiet __ Average

If you rent, please give the rules governing pets and the landlord's name and number: _____
(by providing this information you are allowing WANAR to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing WANAR with this information you are allowing WANAR to call your vet. Please call your vet and ask them to authorize the release of information to WANAR.)

About Your Ideal Dog:

Desired Age: Desired Size:

Desired Breed

Male or female

Where will the dog spend the day? *(describe)*

Where will the dog spend the night? *(describe)*

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

Are you be willing to let a representative of WANAR visit your home by appointment?
 Yes No

Do you agree to contact WANAR if you can no longer keep this dog? Yes No

How did you hear about WANAR? _____

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)

Application received by:

(Signature of WANAR Representative)

Please use this page for additional info you would like to share.