

Adoption Application

Contact Information

First Name:

Last Name:

Address:

City/State:

Zip Code:

Phone #:

Email :

General Information (About you, your home & your life):

Do you rent or own?

Rent

Own

If rent, do you live in apartment or house?

Apartment

House

If rent please provide landlord, name, phone # and email address.

Why are you (and your family if applicable) interested in adopting a pet (specifically a rescue dog) at this time?

Companion: (check all that apply)

Security

For Self

Breeding

For Child/Family Members

House Pet

For Work

Service Animal

How many hours a day will the pet/dog be left alone?

Do you plan to crate train?

Yes

No

If yes, how many hours a day will the dog be in the crate?

Have you owned a dog in the past?

Yes

No

If yes, please elaborate...

Do you have a current veterinarian?

Yes

No

Please provide Veterinarian name and contact info:

Please list names and ages of all members living in the household

This is part of the screening process so we can find the right fit for your home and life.

Do you have other pets in the home, if so please list :

Does anyone in the household have allergies? Yes No
If yes, please describe:

Do you have a fenced in yard? Yes No

What is your plan for exercise and nutrition?

Have you ever surrendered a pet? If yes please explain.: Yes No

Do you plan on chaining the dog or leaving it in a kennel outside for long periods of time? If yes, please explain.

Yes No

Do you travel a lot? If yes, what is your plan for taking care of you pet/ dog while you are away or can you take them with you?

Yes No

Do you want additional information about adopting, training, socializing and more about dogs?

Yes

No

How did you hear about PCAR?

Other: specify here

References: *Please list (3) personal references below.*

Please give your references a heads up that we will be contacting them.

#1 Full Name

Relationship

Email Address

Phone #

#2 Full Name

Relationship

Email Address

Phone #

#3 Full Name

Relationship

Email Address

Phone #

By signing below you are stating all information given is truthful and legit.

We try to get back to you within 3 business days.

E-signature of Applicant: If you can't E-sign, which time stamps automatically, please provide the date below.

Signature/Date of Applicant

Date:

Signature of PCAR Representative