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 Owr	ı					
If rent, do you live in apartme	ent or house?	Apartme	ent 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	c all that apply)	Se	curity				
For Self		Bre	eeding				
For Child/F	amily Members	Но	use Pet				
For Work		Sei	rvice 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 If yes, please elaborate	e past? Yes	No					
Do you have a current veterin	arian? Y	′es	No				

Please provide Veterinarian name and contact info:

Please list names and ages iof 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

Dog Preferences:

Age:	Gender:	Male	Female
Breed:			

Other:

Temperament: What are you looking for in a dog? (Choose all that apply)

Mellow/Lap Dog Short walks a few times a week, light play Daily Walks, daily light play in yard or house Daily Walks/Runs, plays fetch, basic swimming, etc. Walk/Run more than once a day, can run/jog with you, long hikes, swimming

Other:

Are there any behaviors you find unacceptable? Please describe below

Are you willing to allow a member of PCAR to come inspect your home? Yes No Do you agree to stay in touch with PCAR, for at least 4 months, preferably 6 months, via text/phone/email including photos?

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 : <i>Please list (3) personal references below.</i> <i>Please give your references a heads up that we will be contacting them.</i>							
#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