

ADOPTION APPLICATION



Save A Friend P.R.

P.O. Box 1452

Luquillo, PR 00773

saveafriendpr@gmail.com

*Please print large and clearly, use as much additional paper as needed.

*All questions must be answered.

*This is not a guarantee of meeting or adoption, but a request to see if you are a match for the pet.

*Please contact your veterinarian and permit them to release information for Save A Friend P.R. (SAFPR) within 24 hours of completing this form.

Date of Application: _____

ADOPTER INFORMATION:

1. Name(s) of Adopter(s): _____

2. Address: _____

3. Adopter's Contact Information:

Phone: _____ Cell__ Home__ Work__

Alternate Phone: _____ Cell__ Home__ Work__

Email address: _____

4. Describe all household members – include names and ages of adopters:

Name: _____ Age: _____ Relationship to Adopter(s): _____

Name: _____ Age: _____ Relationship to Adopter(s): _____

Name: _____ Age: _____ Relationship to Adopter(s): _____

Name: _____ Age: _____ Relationship to Adopter(s): _____

Name: _____ Age: _____ Relationship to Adopter(s): _____

FAMILY/HOME INFORMATION:

5. Does any member of your household have an allergy to dogs? YES _____ NO _____

6. If you have children, have they lived with a dog before: YES _____ NO _____

7. Have they been taught to respect pets? YES _____ NO _____

How so?

8. Give approximate work/school schedule for household members:

9. How many hours per day will the pet be without human companionship? _____

10. Who will care for the pet when the family is away overnight or longer?: _____

11. Would this be your first dog? YES _____ NO _____

12. Do you own other pets now? YES _____ NO _____

*If yes, please complete the following – include ALL species of pets:

Name	Species	Breed	Current Age	Age When Acquired	How Long Owned?	Indoor or Outdoor?	Where do they sleep?

(if you need more space, please continue on a separate sheet of paper.)

13. How do your current pets get along?

14. Will your pets accept the new pet? How will you ease the new pet into the household?

PREVIOUS PETS:

15. Have you had any pets in the past? YES ___ NO ___

*If yes, please fill out the information for ALL pets.

Name of pet: _____
When and how long did you own them? _____
How old when acquired? _____ Species: _____
How did the relationship end? Please check one: <input type="checkbox"/> Euthanasia <input type="checkbox"/> Gave to a shelter or another person <input type="checkbox"/> Other
Please explain circumstances: _____ _____

Name of pet: _____
When and how long did you own them? _____
How old when acquired? _____ Species: _____
How did the relationship end? Please check one: <input type="checkbox"/> Euthanasia <input type="checkbox"/> Gave to a shelter or another person <input type="checkbox"/> Other
Please explain circumstances: _____ _____

Name of pet: _____
When and how long did you own them? _____
How old when acquired? _____ Species: _____
How did the relationship end? Please check one: <input type="checkbox"/> Euthanasia <input type="checkbox"/> Gave to a shelter or another person <input type="checkbox"/> Other
Please explain circumstances: _____ _____

Name of pet: _____
When and how long did you own them? _____
How old when acquired? _____ Species: _____
How did the relationship end? Please check one: <input type="checkbox"/> Euthanasia <input type="checkbox"/> Gave to a shelter or another person <input type="checkbox"/> Other
Please explain circumstances: _____ _____

For additional pets, please list the information on a separate page.

PET HEALTH, SAFETY & HOME ENVIRONMENT:

16. Have all your pets been sterilized – including current and previous pets? Yes ___ NO ___

If no, which pets and why not?

17. Have all your pets been seen yearly by a veterinarian for a wellness exam – including all current and previous pets? YES _____ NO _____ If no, which pets and why not?

18. What veterinary clinic(s) have you used during the past SIX (6) years?

Veterinarian's or Clinic's Name	Phone Number	Name of pet(s) seen	Person's last name under which the pet(s) is/are listed	What year(s) was/were the pet(s) seen?

19. Do you own or rent your home? OWN _____ RENT _____

How long have you lived there? _____

20. If renting, Save A Friend P.R. needs the following information on your landlord for permission to house the pet:

Name: _____ Address: _____

Phone: _____

21. Describe your home (Ex: single family, apartment, townhouse; approximate size of home; type of neighborhood – suburban, city, country, etc.)

22. Is there a yard? YES _____ NO _____ Approximate size: _____

Fenced? YES _____ NO _____ Describe yard and fence:

Please explain any lease or homeowners association pet rules:

23. Do you have a pool? YES _____ NO _____

24. How will you let the dog out to eliminate?

25. Are there times when the pet will be tied up/out? YES____ NO____

26. How will the pet get exercise?

27. Where will your new pet spend most of their time during the day?

28. Where will your new pet spend most of their time during the night?

29. Will your new pet spend any time in the garage? YES____ NO____ Basement? YES____ NO____

30. Are pets allowed on furniture? YES____ NO____

31. If you drive a pickup truck, would you allow your pet to ride in the back? YES____ NO____

32. For puppies, is someone around in the middle of the day to let the puppy out to eliminate and to feed lunch? YES____ NO____

33. Are you willing to housebreak a dog? YES____ NO____

34. Have you had to housebreak a dog before? YES____ NO____

35. Are you familiar with crate training? YES____ NO____ For puppies? YES____ NO____

36. Have you done obedience training in the past? YES____ NO____ .If yes, where and when?

37. What activities are you interested in doing with your new pet?

38. What food would you or do you feed your pets? _____

39. What treats would you or do you feed your pets? _____

40. Name of the pet you are interested in: _____

41. Description of the type of pet you are interested in and the reason for your preference:

42. What type of temperament and qualities are you looking for in a dog?

43. Why do you want this pet? Companion Companion for another pet House pet Guard dog
Personal protection Other, please explain _____

44. Do you realize that when you adopt a pet you are making a long term commitment?

YES _____ NO _____ (Most dogs that are well cared for can live 14-18 years)

45. If you move, will you take the dog with you? YES _____ NO _____

46. If the newly adopted pet should need veterinary care in the future, would you be willing and able to pay for their operation, hospitalization, medications, etc.? YES _____ NO _____

47. How much are you willing to spend on medical bills for your dog? Up to \$100 Up to \$500 Up to \$1,000 Up to \$5,000 Whatever it takes

What would you do if the vet bills go over this amount?

48. Are you prepared to schedule and pay for regular grooming of the pet? (Long haired dogs should be regularly groomed every 6-8 weeks) YES _____ NO _____

49. Do you agree to keep ID on your pet at all times? YES _____ NO _____

50. Under what circumstances would you relinquish your pet(s)? Divorce Moving Owner's ill health
Chronic illness of pet Expense New baby Pet urinating/defecating inappropriately Other (please explain) _____

51. What provisions will you make for this pet should you become unable to care for it?

52. What is your idea of disciplining a dog?

53. Are you aware that a rescue dog may have a history of abuse/neglect/unknown and may have behavioral issues that require training, such as house training, toy/food aggression, etc.?

YES_____ NO_____

54. Are you willing to provide the extra training, patience, and attention your new pet needs as they adjust to your family? YES_____ NO_____

55. Are you willing to be dedicated to working through any problems, even if it requires outside help or training? YES_____ NO_____

56. Please explain any reservations or limitations you may have:

*Any additional comments by applicant:

REFERENCES:

Three (3) personal references – at least two (2) must be non-family references

Name	Phone Number	Relationship

I understand that Save A Friend P.R. (SAFPR) will contact my veterinarian(s), personal references, and, if appropriate, my landlord. I authorize my veterinarian(s) to provide SAFPR with information related to any current or past pets I may have had. I authorize my landlord to provide SAFPR with information relating to the permissibility of housing a pet in my rental unit.

Signature: _____

Printed Name: _____

Date: _____

Email: Saveafriendpr@gmail.com Phone: 360 561 1061

Venmo: Saveafriendpr Paypal: Saveafriendpr@gmail.com