

**ADOPTION APPLICATION**

Double Dog Rescue, P.O. Box 435, Unionville, Connecticut 06085

This application must be filled out completely. Do not leave anything blank.   
Please call your veterinarian to give us permission to do a   
vet reference check after you submit your application. Please read thoroughly.

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| **DDR Dog’s Name:** |  | **Petfinder ID Number:** |  |
| Energy Level: Low, Medium, High |  | Would you consider a dog that required meds/special needs? |  |

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| **Applicants Name:** |  | | |
| Full Address (include street/city/state/zip): |  | | |
| Home Phone: |  | Cell Phone: |  |
| Work Phone: |  | Email Address: |  |
| **Co-Applicants Name:** |  | | |
| Home Phone: |  | Cell Phone: |  |
| Work Phone: |  | Email Address: |  |

**Family Life:**

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| **Tell us about your family’s lifestyle.** Include activities in which your dog would be involved. Let us know if anyone has special needs, handicapped, has allergies, etc. so we can ensure the dog is a good fit for your family. |  |

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| How many adults live in household? |  | | Ages of ALL family members (including yourself & spouse): | |  | |
| How many children live in house? Please include ages, if any have special needs, etc. |  | | If no children are in the house, how often will the dog be in contact with children (visiting family, neighbors. Etc.)? | |  | |
| If you have children, how will you acclimate the children to the dog? What about their friends? | Explain: | | | | | |
| Will young children (including friends) be unsupervised while dog is in the room? | Explain: | | | Are any children afraid of dogs? Explain: | | |
| Does the entire family share interest in adopting a dog? |  | | | Who will care for, train and exercise the dog? | |  |
| Does anyone in your household have allergies? |  | If yes, to what allergens? | |  | | |

**Living Conditions:**

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| How long have you lived at your current address? |  | Do you own or rent? | Live with Parents? |
| Type House, Town Home, Condo, Trailer, Other |  | Approximate size of yard? |  |

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| **Renters:  Landlord’s Name** | | Address: | |
| Home Phone: |  | Cell Phone: |  |
| Work Phone: |  | Email Address: |  |
| Do you have permission from your landlord to have a dog? | | If so, up to what size? | |

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| Where will dog be kept during the day? |  | How long daily will the dog be left alone (without humans)? |  |
| Will you be crate-training? |  | Where will the dog stay when you are not home? |  |
| Is your yard fenced? |  | Type of fence? (Include height, width, and length) |  |
| How often will you exercise dog? |  | How and where with the dog be exercised? |  |
| Have you previously taken a dog to obedience training? |  | If necessary, are you willing to bring your dog to formal obedience training? |  |
| Are there any behaviors you are not willing to work with? |  | Would there ever be a reason for returning a dog? |  |
| How long do you feel it will take for a dog to adapt to his or her new home/environment? |  | Please estimate the yearly cost to care for a dog. (Food, Grooming, Vet Care, Daycare, Boarding, etc.) |  |

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| If you move, what will you do with your dog? |  |
| Are you required to travel for work and if so who will take care of the dog while you are away? |  |
| Do you understand the state and local ordinances concerning licensing and leashing? | If yes, please initial. |
| 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 cared for? |  |
| If you are 65 years or older, is there a family member who would be able to care for the dog if something should happen?  Please provide us with the family members first and last name, email address, and a contact number they can be reached at. |  |
| If you are applying for an elderly parent (over 65 years), would you be able to care for the dog if something should happen? |  |
| What do you feed your current pet? Brand? Wet/Dry food? Raw diet? How many times a day? |  |
| Have you ever sold, given away, or surrendered a pet to a shelter? If yes, please specify why. |  |

**Pet History:**

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| **Pet’s Name** | **Dog/Cat** | **Sex** | **Spayed/ Neutered** | **What happened to the pet?** |
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**Veterinarian Information:**

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| Current Vet’s Name: |  | Years visiting: |  |
| Address: | | Phone: | |

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| Alternate Vet’s Name: |  | Years visiting: |  |
| Address: | | Phone: | |

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| Do you use Heartworm and Flea/Tick Preventative? | Heartworm Brand: | Flea/Tick Brand: | How many times a year do you apply both? |

**References:**If you don’t have a current Veterinarian, please list three references who you have known for at least three years. Family members aren’t eligible.

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| **Name** | **Relationship** | **Phone** | **Email** |
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**Internal Questions:**

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| Will you keep an ID tag with your info on the dog at all times? | Yes/ No. Initial. |
| Will you contact DDR immediately if your dog gets loose? | Yes/ No. Initial. |
| If after adopting a dog you found worms in the dog’s stool, would you provide and pay for proper vet care? | Yes/ No. Initial. |
| If after adopting a dog you found fleas/ticks on the dog/heard the dog coughing, would you provide and pay for proper vet care? | Yes/ No. Initial. |
| Double Dog Rescue completely vets all their dogs to the best of their knowledge. Will you be responsible for paying for the dog’s health, ailments, vetting going forward? | Yes/ No. Initial. |
| Are you willing to allow your new dog and/or current pets 3-4 weeks to adjust in your home? | Yes/ No. Initial |
| If you adopted a dog from DDR & it didn’t work out, would you be willing to bring him/her back to the foster home? | Yes/ No. Initial. |
| May we do a home visit prior to application approval? | If yes, when is best? |

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| 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. Submission by email will serve as signature agreement. | | | |
| Applicant's Signature |  | Date: |  |
| Co-applicant's Signature |  | Date: |  |

**\*IMPORTANT\* \*IMPORTANT\* \*IMPORTANT\*  
Call your Veterinarian to give us permission to do a vet reference check.**

**Our adoption fee is $485 and covers all vetting costs. This includes: pull fees charged by shelters, Spay/Neuter costs, Vaccinations including Bordetella, Distemper/Parvo, Rabies,\* Fecal and Heartworm screening,\* Heartworm and Flea preventative, Interstate Health Certificate and transportation fees.**

**Adoption fees must be received within 7-10 days of adoption.**

**Mail checks to: Double Dog Rescue, P.O. Box 435, Unionville, Connecticut 06085**

**PayPal: Go to doubledogrescue.org and click on the PayPal/Donate button**

**\*Puppies younger than 5-6 months will not have their Rabies Vaccination or be Heartworm tested because they are too young. You will need to follow through with this with your vet.**

Governing Law - This Agreement shall be governed by, and construed in accordance with, the laws of the State of Connecticut, irrespective of the laws that might otherwise govern under applicable principles of conflicts of laws thereof:

(a) Regardless of the laws that might otherwise govern under applicable principles of conflicts of laws thereof OR

(b) Applicable to agreements made and to be performed solely therein, without giving effect to principles of conflicts of law OR

(c) Without giving effect to any choice or conflict of Law provision or rule (whether of the State of Connecticut of any other jurisdiction) that would cause the application of the Laws of any jurisdiction other than the State of Connecticut.

**(Revised 1/2/2019 MD)**