



22000 Georgia Ave Brookeville MD 20833  
[www.KnineRescue.com](http://www.KnineRescue.com)  
[kninerescue@aol.com](mailto:kninerescue@aol.com)

**ADOPTION APPLICATION** Date: \_\_\_\_\_

Name/Breed: \_\_\_\_\_

(Or enter name of or description of the animal you are interested in adopting)

**ALL MEMBERS OF THE HOUSEHOLD, INCLUDING PETS, MUST VISIT WITH THE ANIMAL BEFORE THE ADOPTION IS APPROVED.**

Applicant Name: \_\_\_\_\_ Applicant Age: \_\_\_\_\_

Other Household Members/Ages \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you live in a: HOUSE TOWNHOUSE APART CONDO DUPLEX MOBILE

Do you rent \*\* or own? \_\_\_\_\_ How long at this address? \_\_\_\_\_

Do you live with your parents or roommates: Y N

**\*\* YOU MUST PROVIDE THE NAME AND PHONE NUMBER OF YOUR LANDLORD OR CONDO ASSOC. WITHIN 24 HOURS OR WE WILL MOVE ON TO THE NEXT APPLICANT.**

Landlord Name: \_\_\_\_\_ Landlord phone #: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Does anyone in your home have allergies to animals? \_\_\_\_\_

Does anyone have asthma? \_\_\_\_\_

Do you have a TOTALLY fenced in yard? \_\_\_\_\_ Size of yard: \_\_\_\_\_

Type of fence: \_\_\_\_\_ Height: \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_

If the answer above is "indoors" where during the day and night?

(ie: garage, bedroom, run of house, finished basement, unfinished basement, etc)

Day: \_\_\_\_\_ Night: \_\_\_\_\_

During routine absences (ie: errands, work): \_\_\_\_\_

Do you have a – PET DOOR KENNEL RUN DOG HOUSE TIE-OUT STAKE CRATE

How many adults live in your home? \_\_\_\_\_ Children?: \_\_\_\_\_

Ages of children: \_\_\_\_\_

Do you have any plans to introduce an infant/small child into your home within the next 10 years or less? \_\_\_\_\_

Do children frequently visit & if so, what are their ages? \_\_\_\_\_

Is anyone home during the day? \_\_\_\_\_ How long?: \_\_\_\_\_ Who?: \_\_\_\_\_

Can they handle the animal you want to adopt? \_\_\_\_\_



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How many hours will the pet be without humans each day? \_\_\_\_\_

Who will be the primary care giver? \_\_\_\_\_

Who will care for your animal while you are on vacation? \_\_\_\_\_

What will you do with the animal if you move? \_\_\_\_\_

Are you willing and able to provide pet care for the next 10 or more years, including vet checks, vaccinations, boarding, medical care, indoor housing, etc? \_\_\_\_\_

What do you think pet care costs per year, including annual vaccinations, food, toys, minimal bordering, grooming, etc? \_\_\_\_\_

Are you willing and able to support a pet? \_\_\_\_\_

We require all animals adopted from us to be spayed or neutered. Do you have any questions or reservations about this policy? \_\_\_\_\_

Please list all pets you have owned in the past 10 years. If none, then include pets owned in your childhood (*clearly indicate **between childhood pet & pet as an adult.***) Include any pets residing in your home but which you do not own:

TYPE/BREED	GENDER	AGE	SPAY/NEUT. YES OR NO	WHAT HAPPENED TO IT?

How long did you own the above listed pets? \_\_\_\_\_.

If deceased, how old was it when it died & explain details of death \_\_\_\_\_

\_\_\_\_\_

If you have ever had a pet lost, disappear or die at an early age, please provide details (dogs dying before 10 or cats before 14 years of age: \_\_\_\_\_

\_\_\_\_\_

Have you ever sold, given away or surrendered a pet? (Explain) \_\_\_\_\_

\_\_\_\_\_

How do you plan to exercise your dog? \_\_\_\_\_

Who will supervise outdoor activities? \_\_\_\_\_

How will the dog be confined outdoors during exercise? \_\_\_\_\_

Have you ever trained a dog? \_\_\_\_\_

Have you ever crate-trained a dog? \_\_\_\_\_



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Are you willing to give this pet the ample time to adapt to its new environment and family members (see above)? \_\_\_\_\_

This animal may not be housebroken. Are you willing to take the time to work with the animal? \_\_\_\_\_

Under what circumstance(s) or situations would you surrender this pet back to Knine Rescue (BE SPECIFIC!)? \_\_\_\_\_

(issues with dog, marriage, divorce, death in family, new baby, job change, move, etc)

Past/Current vet: \_\_\_\_\_ Phone # \_\_\_\_\_

Name Vet Records Filed Under: \_\_\_\_\_

Name of pet(s) treated: \_\_\_\_\_

Intended vet: \_\_\_\_\_

Flea/tick preventative used: \_\_\_\_\_ Heartworm preventative used: \_\_\_\_\_

How did you hear about us/Who referred you? \_\_\_\_\_

Are you willing to offer a monetary donation (we average anywhere between \$180 - \$350 depending on the specific dog): \_\_\_\_\_

We require a home visit to complete the application. Are you willing to comply? \_\_\_\_\_

A rescue representative will conduct a formal interview with you and your family prior to adoption. This interview is to answer any questions about your new pet and to alert you to problems that may arise. The rep will help you plan how to successfully introduce your new pet to your new home and to explain how to help your new pet become part of the family.

**PLEASE MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS IN THIS APPLICATION. FAILURE TO PROVIDE INFORMATION NECESSARY TO COMPLETE THIS APPLICATION MAY CAUSE THIS APPLICATION TO BE VOIDED.**

**SOME PETS MAY TAKE 30 DAYS OR LONGER TO ADJUST. YOU CANNOT RETURN THIS PET TO KRI UNTIL AT LEAST THE 30 DAYS ARE UP. YOUR ADOPTION DONATION WILL NOT BE REFUNDED. THEREFORE YOU MUST MAKE SURE THIS PET IS THE RIGHT FIT FOR YOU BEFORE AGREEING TO ADOPT.**

*I certify that I have answered all questions honestly and to the best of my ability. I understand that any misrepresentations of fact may result in removal of the adopted pet from my home.*

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*\*\*\* I am interested in becoming a Knine Rescue volunteer. Please send me a volunteer application !!! **Yes!** Or **No Thank You***

*Last edit 10-24-2014*