

MICROCHIP# _____

InKy Animal Rescue

Dog Adoption Application

InKy Animal Rescue Inc
P.O. Box 534
Sellersburg, IN 47172-9998

inkyanimalrescue@gmail.com

Please fully complete and sign the application. If your adoption application is approved and you are selected as the perfect match, we will contact you regarding the adoption.

I understand that any applications not fully completed will not be considered. I also understand that if I wish to know the status of my application, I can email inkyanimalrescue@gmail.com for an update. InKy Animal rescue does not guarantee you will be contacted regarding the status of your application and or the decisions regarding the adoption.

PLEASE INITIAL: _____

Date:		Name of Dog Desired:	
Breed:		Description:	
Do you understand there is an adoption fee? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have ALL ADULT family members agreed upon adopting this dog? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Applicant Information			
Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:	Alt. Phone:	
Email Address:		Date of Birth:	
Employment Status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/>			
Employer:		Phone No:	
		Years Employed:	
How many adults live in your home?			
How many children live in your home?		What Ages?	
Are the children comfortable around animals and understand how to treat them kindly?			
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Have the children been prepared to have a new animal in their home?			
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
General Information			
Type of Residence: House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm <input type="checkbox"/>			
If rental, are dogs allowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Size/Breed restriction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Complex Name/Address of rental:			

Manager/Landlord:		Phone No:				
Residence type of Street: Very busy road <input type="checkbox"/> slight traffic <input type="checkbox"/> residential area <input type="checkbox"/> country road <input type="checkbox"/>						
Where will the dog live: inside <input type="checkbox"/> outside <input type="checkbox"/> both <input type="checkbox"/>		Where will dog spend nights: inside <input type="checkbox"/> outside <input type="checkbox"/> both <input type="checkbox"/>				
Do you have a fenced yard? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how high is fence?				
Will you allow the dog to run loose? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, where?				
Do you consider the dog a part of your family? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If a move to a new home is made, will you choose a home where your dog can also live? Yes <input type="checkbox"/> No <input type="checkbox"/>						
How many hours a day will the dog be left alone?						
Where will the dog stay when left alone?						
Who will be responsible to feed, bathe, brush and exercise the dog?						
In the absence of the primary caregiver, who will care for the dog?						
How will you discipline the Dog?						
Would you consider obedience training for the new dog? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you willing to obtain an appropriately sized crate, if recommended? Yes <input type="checkbox"/> No <input type="checkbox"/>						
How much time are you prepared to allow for your dog to adjust to their new home?						
Under what circumstances would you return the dog to us?						
Pet Information						
What types of pets do you currently own? Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other?(describe)						
Have you owned any pets in the last five (5) years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please complete chart						
Name/Type of pet	Years owned	Spayed/neutered	Inside/outside	Where is pet now?	Current on annual vaccines?	Current on monthly heartworm prevention? Flea/Tick?
Current and Past Veterinarian and name of clinic:				Phone:		
Do you currently provide the following vet care for all your animals? (skip if you currently have no animals)						
Annual vaccinations: Yes <input type="checkbox"/> No <input type="checkbox"/>				Monthly Heartworm Prevention: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Monthly flea/tick prevention: Yes <input type="checkbox"/> No <input type="checkbox"/>				Sick/Emergency visits? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Personal References-please provide 2 non-family members						
Name:				Relationship:		
Phone:				Best time to contact:		
How do you know this person?				How long?		
Name:				Relationship:		
Phone:				Best time to contact:		
How do you know this person?				How long?		