**Adoption Application for Winnie’s Legacy Canine Rescue** pg 1/2

Name of Dog Applying For- Date-

Name of People Applying/in the home-

Street-

City- State- f Zip Code-

E-Mail Address-

Primary Phone- Secondary Phone-

Best Time to contact-

Number of People in home- Resident Ages-

Occupations-

Names of pets/ how many Pets currently in home/type of pet (cat, dog, etc.)-

Please list other animals in the home/list cat, dog or other. (please *include names* of pets)

Resident Type-house, appt., condo, etc.

Number of Animals Permitted-

Residence Ownership?- Own or Rent- Property Size-

If rent, Landlord Name- Landlord Phone #-

Fenced Yard?-

Home Dynamics-(comings and goings of activities)

Dog Types Seeking-

Daily Activity Schedule of family-

Applied Elsewhere in past 3 months?-

Other Helpful Information to create a perfect match-

Training Experience-

Would Attend Training?-

Have you ever had a dog which needed to be rehomes? If yes, why?

How many hours a day would the dog/pup be at home alone in a “normal world”?

What is the alternative plan for when you’re not at home?

What would the schedule be for the dog being alone?

Would you be walking, placing on a run or have a fenced yard?

 Page 1 of 2

Why do you think this dog/pup is a match?

What are the plans when/how to exercise the dog?

Describe the ideal traits and personality you’re looking for in a dog.

Have you ever owned a dog in the past?

What profession are adults in so we can assist in finding you a perfect match? (eg. If someone works from home running a day care vs. sitting at computer, dog match will be different)

Vet Name**- please call and give vet permission to speak with us**, otherwise vet’s won’t speak with us and the application cannot be processed)-If you don’t currently have one, any from the past is requested on this app. If never had a pet, state this. Also, please respect our time by filling out vet’s phone number.

Veterinarian’s Name/Town

Vet Phone # -

Vet Account Name of person

Name of animal(s)

1st Personal Reference (**not a** family member) Name -

Phone-

Best Time To Contact-

2nd Personal Reference (**not a** family member) Name -

Phone-

Best Time To Contact-

3rd Personal Reference (**not a** family member) Name-

Phone-

Best Time To Contact-

How did you hear about us?

Any Additional Information which may be helpful in understanding your family lifestyle?

Have you called your vet yet to give permission to speak with us?

Is each question from this application answered?

**Please respect our time and make sure your vet has been called and given permission to speak with us and review to ensure each question is answered. Return this and Email to WinniesLegacy@gmavt.net**