



White Rock
Dog

ADOPTION APPLICATION

Animal: _____

WHITE ROCK DOG Rescue (WRDR) www.whiterockdog.org Date: _____

adoptions@whiterockdog.org (214) 507-4016

Animal Name _____ System Number _____

Description _____

Completion of this form is a requirement for adoption. The information provided helps us assist in finding a good match for both you and the pet. WHITE ROCK DOG Rescue Group reserves the right to refuse adoption to anyone. Adoption decisions are made at the discretion of WHITE ROCK DOG Rescue Group.

Name _____ Spouse/Partner/Rmate _____

Driver's License# _____ Email Address _____

Address _____ Home Phone # _____

Work Phone # _____

Employment _____ Occupation _____

Hours _____

PLEASE COMPLETE ALL QUESTIONS

1. How did you hear about us? Newspaper Website Media Friend Petfinder Adoption Event
2. Have you spoken/corresponded with anyone from WRDR before coming here? Yes No
- Rep _____
3. Type of animal desired: Dog Cat Gift Companion for parent / child / pet
4. Do you have any preferences as to breed, size, hair length, sex, etc? _____

5. Have you ever owned an animal? Yes No
6. Have you ever adopted from any other rescue group or shelter? Yes No
7. If yes, which one? _____ When? _____
8. Do you have that pet? Yes No If not, what happened to it? _____

9. List pets currently in household:

#1	Type _____	Breed _____	Sex _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Neutered? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age _____		
	Kept where? _____				
#2	Type _____	Breed _____	Sex _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Neutered? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age _____		
	Kept where? _____				
#3	Type _____	Breed _____	Sex _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Neutered? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age _____		
	Kept where? _____				
10. Are all of the pets in your household up-to-date on rabies, vaccinations and Heartworm preventative?
11. Current Veterinarian _____ Phone No. _____

12. List pets (other than those listed above) owned in the past five years:

Type	Breed	Sex	Neutered	Age	Kept Where?	What Happened to Pet?
Dog <input type="checkbox"/> Cat <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			
Dog <input type="checkbox"/> Cat <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			
Dog <input type="checkbox"/> Cat <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			
Dog <input type="checkbox"/> Cat <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			

13. In your adult life have you lost pets from: (Circle all that apply) *old age* *illness* *ran away*
hit by car *other injuries* *had to give up because:*

14. Do you currently own/rent: House Apartment Mobile home Duplex
 live with friend or family How long? Are you planning to move soon? Yes No

15. If you rent, does your lease allow pets? Yes No Do you have a pet deposit? Yes No How much?
 Is the pet deposit already paid? Yes No If not, when will it be?

19. If you rent, please give leasing office/landlord contact number for verification

20. If you had to move, what would you do with your pets?

Where would the pet stay if you went out of town?

How many people live in your household? Children's ages?

Do all of the adults in the home know about adoption? Yes No Do they all like pets? Yes No

Does anyone in your household have any known allergies to animal? Yes No

Who will be responsible for the care of this pet?

Where will this pet be kept during the day? (Circle all that apply) Indoors Outdoors Crated

Basement Garage Porch Yard Dog House Barn Locked in Room

Is anyone home during the day? Yes No How many hours at a time will this pet spend alone?

Have you considered the costs involved in adopting a pet (food, vet care, housing, etc.) Yes No

Do you feel you can afford the cost to maintain this pet for its lifetime (12-15 years)? Yes No

Do you agree to keep this pet on heartworm preventative for the rest of his/her life? Yes No

How do you plan to transport this pet?

11. **No pet is perfect!** Please tell us what behaviors you are unwilling or unable to work through.

a. *housebreaking* b. *scratching furniture or carpet* c. *Biting/chewing/sucking*

d. *shyness – (afraid of people)* e. *rough play / jumping on people* f. *jumping on counters*

g. *Other, please describe*

How long will you give this pet to adjust to your home?

Have you ever brought an animal to a shelter or animal control? Yes No

Why? If no, N/A.

Will you teach your children proper behavior around animals (move slowly, no Yes No

grabbing, hitting, underhanded petting approach – positive reinforcement? N/A

My signature certifies that the above information is true and complete:

SIGNATURE OF APPLICANT		DATE	
SPOUSE/PARTNER/ROOMATE		DATE	