St. Cloud's Rescue
972-679-5319
stcloudsrescue@yahoo.com

Animal Name: _____

Description: _____

ADOPTION/FOSTER APPLICATION

In order to help you find your perfect companion, we ask that you complete this form. Please answer all questions completely and honestly. The information you provide will help us match you with the most compatible pet to fill your home and lifestyle. If any information is left blank, we will ask you to furnish it . All information is required to be considered for adoption. If you decide to adopt today, this form will become part of your adoption contract. If you do not find your companion today, this form will remain in our files for 90 days so that you will not have to fill it out again on your next visit. This information will be treated as CONFIDENTIAL and will not be used for any other purpose.

In order to be considered as an adopter today, you must:

- Be at least 21 years old
- Have a valid driver's license or other photo I.D. and identification showing your present address
- You must have the consent of all the adults living in the household
- Be able to verify that pets are allowed where you live if renting or otherwise not the property owner
- You must have proof of pet deposit if required
- Your current pets must have current vaccinations, be free of contagious illnesses and be spayed or neutered
- Be able and willing to spend the time and money necessary to provide the proper care for a pet, including but not limited to, food shelter, veterinary care, grooming, training & recreational toys for the lifetime of the pet you adopt
- You must be physically, financially and emotionally able to care for this animal
- You must agree that any damage done to your home or a human by the pet is NOT the responsibility of St. Cloud's Rescue.

St. Cloud's Rescue is committed to enriching the lives of our animal friends who may be without shelter, food, care or love, regardless of age, natural beauty or condition, and to find them temporary and permanent homes. Our animals are living beings entrusted to our care. It is our responsibility to find the best possible homes for them and to meet the individual needs of each animal. For this reason, we reserve the right to approve or deny any adoption as we see fit.

Name: (Please Print) _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Phone Number Home: _____Work: _____ Cell: _____
Email: _____
Date of Birth: _____/_____/_____ Age: _____ DL#: _____State Issued: _____
Did you come here today planning to adopt a pet? _____ If "No", what made you decide to adopt a pet today:
_____
Are all family members in agreement about getting a new pet? _____
Have you ever adopted from us before? _____ If so, What / Who / When:
_____
How did you hear about St. Cloud's Rescue? _____

St. Cloud's Rescue is a 501-(C)-3 organization

PEOPLE INFORMATION

Please tell us about your home. Own: ☐ Rent: ☐ House: ☐ Apt.: ☐ Condo: ☐ Mobile Home: ☐ Dorm: ☐
If you live in an apartment, name of complex: _____
Complex phone number: _____
Are pets allowed where you live? _____ Is a pet deposit required where you live? _____
If so how much? _____ Per pet? _____ Per household? _____
Is there a weight / size limit on pets? _____ If so, what is the limit? _____
Is there a breed restriction on the type of pet? _____ If so, what? _____
Can proof of pet deposit be obtained from your landlord? _____
Manager / Landlord Name: _____ Phone #: _____
Do you live with family? _____ If so, who? _____
Do you live with a non-relative? _____ If so, who? _____
How long have you lived at your current address? _____
Do you plan to move within the next 12 months? _____
Total # of adults in household: _____ # of children at home: _____ Ages: _____

Do children / grandchildren, etc visit your home? _____ How often? _____
Does anyone in household have allergies? _____ To what? _____
Are you interested in adopting a: Dog: ☐ Puppy: ☐ Cat: ☐ Kitten: ☐
Why have you chosen this pet? (Check all that apply): Companion: ☐ Protection: ☐ For Children: ☐
As an additional pet: ☐ Other (explain): _____
Who will be the primary caregiver for this pet? _____
Do you travel frequently? _____ Are you a student? _____
If so, do you attend school full time or part time? _____

ENVIRONMENT INFORMATION

Where will this pet be kept most of the time? (Check one)
Totally inside: ☐ Mostly inside: ☐ Mostly outside: ☐ Totally outside: ☐
How do you plan to housetrain your pet if it is not already housebroken:
Litter box: ☐ Crate: ☐ Paper: ☐ Outside: ☐ Other: _____
Does your home have a: Pool: ☐ Doggy door: ☐ Fenced yard: ☐
Type of fence? (Check one) Wood: ☐ Chain link: ☐ Other: _____ Height: _____
Condition of fence? _____ Any gaps / holes / missing or broken boards? _____
Size of yard? _____ Are there shade trees / shelter from elements? _____
As an adult, have you ever been the guardian of mostly or totally outside dog / cat? _____
Which of the following pieces of equipment do you plan to use for your pet?
Collar: ☐ ID tags: ☐ ID tattoo: ☐ Microchip ID: ☐ Crate: ☐ Dog run: ☐ Dog house: ☐ Electric fence: ☐
Tree trolley: ☐ Ground tie-out: ☐ Chain: ☐ Doggy door: ☐ Bark collar: ☐ Halti lead / Gentle leader: ☐
Flex lead: ☐ Leather lead: ☐ Harness: ☐ Misler: ☐ Baby gate: ☐ Other (Please specify): _____
_____
If you do not have a securely fenced yard, tell us what measures you will take to ensure that the pet will not run off, get hit by a car, be attacked by a stray of wild animal, irritate your neighbors or otherwise be a problem. _____

_____
_____
How long do you plan to have this pet? _____
Do you agree to take your pet to the veterinarian for regular check-ups, routine vaccinations and to keep it on heartworm preventative medication? _____
Who is / was your veterinarian? Name: _____
Address: _____
Phone #: _____May we contact him / her for the purpose of obtaining a reference for the care provided to your animals? (Initial one): Yes: _____ No: _____
When / Why was your last veterinarian visit? _____
_____
Are you willing to groom or have this pet groomed on a regular basis? _____
Is it important to you that your pet be spayed or neutered? _____ If the pet is not already altered, would you ensure that the procedure is taken care of expeditiously. _____
Have you ever been the guardian of an animal that gave birth? _____
If yes, how many litters did the animal(s) have? _____ Dog: ☐ Cat: ☐
What did you do with the offspring? _____
_____
Have you ever surrendered / had to give up a pet(s)? _____ When, why and to whom? _____
_____
_____

If you have no current or past pet history, please provide us with three personal references:

Name: _____ Phone #: _____
Relationship: _____ Known how long: _____
Name: _____ Phone #: _____
Relationship: _____ Known how long: _____
Name: _____ Phone #: _____
Relationship: _____ Known how long: _____

OTHER PET INFORMATION

Description of Current Pets

Pet #1

Name: _____ Dog: ☐ Cat: ☐ Other: _____ Breed: _____ Age: _____

Sex: _____ Altered? Yes: ☐ No: ☐ How long have you been this pet's guardian? _____

On heartworm preventative? Yes: ☐ No: ☐ If yes, what kind? _____ Where purchased? _____

Where did you acquire this pet? _____

This pet stays? Totally inside: ☐ Mostly inside: ☐ Mostly outside: ☐ Totally outside: ☐

Pet #2

Name: _____ Dog: ☐ Cat: ☐ Other: _____ Breed: _____ Age: _____

Sex: _____ Altered? Yes: ☐ No: ☐ How long have you been this pet's guardian? _____

On heartworm preventative? Yes: ☐ No: ☐ If yes, what kind? _____ Where purchased? _____

Where did you acquire this pet? _____

This pet stays? Totally inside: ☐ Mostly inside: ☐ Mostly outside: ☐ Totally outside: ☐

Pet #3

Name: _____ Dog: ☐ Cat: ☐ Other: _____ Breed: _____ Age: _____

Sex: _____ Altered? Yes: ☐ No: ☐ How long have you been this pet's guardian? _____

On heartworm preventative? Yes: ☐ No: ☐ If yes, what kind? _____ Where purchased? _____

Where did you acquire this pet? _____

This pet stays? Totally inside: ☐ Mostly inside: ☐ Mostly outside: ☐ Totally outside: ☐

Description of Past Pets (prior 10 years)

Pet #1

Name: _____ Dog: ☐ Cat: ☐ Other: _____ Breed: _____ Age: _____

Sex: _____ Altered? Yes: ☐ No: ☐ How long have you been this pet's guardian? _____

Was on heartworm preventative? Yes: ☐ No: ☐ If yes, what kind? _____ Where purchased? _____

Where did you acquire this pet? _____

This pet stayed? Totally inside: ☐ Mostly inside: ☐ Mostly outside: ☐ Totally outside: ☐

Why do you no longer have this pet? _____

Pet #2

Name: _____ Dog: ☐ Cat: ☐ Other: _____ Breed: _____ Age: _____

Sex: _____ Altered? Yes: ☐ No: ☐ How long have you been this pet's guardian? _____

Was on heartworm preventative? Yes: ☐ No: ☐ If yes, what kind? _____ Where purchased? _____

Where did you acquire this pet? _____

This pet stayed? Totally inside: ☐ Mostly inside: ☐ Mostly outside: ☐ Totally outside: ☐

Why do you no longer have this pet? _____

Pet #3

Name: _____ Dog: ☐ Cat: ☐ Other: _____ Breed: _____ Age: _____

Sex: _____ Altered? Yes: ☐ No: ☐ How long have you been this pet's guardian? _____

Was on heartworm preventative? Yes: ☐ No: ☐ If yes, what kind? _____ Where purchased? _____

Where did you acquire this pet? _____

This pet stayed? Totally inside: ☐ Mostly inside: ☐ Mostly outside: ☐ Totally outside: ☐

Why do you no longer have this pet? _____

PLEASE COMPLETE REGARDING PET INTERESTED IN

Please choose the age / size you are interested in:
Adult dog: Under 15#: ☐ 15-25#: ☐ 25-40#: ☐ 40-80#: ☐ over 80#: ☐
Puppy to be: Under 15#: ☐ 15-25#: ☐ 25-40#: ☐ 40-80#: ☐ over 80#: ☐
Preferences: (Breed, hair length, good with children / other dogs / cats / other pets, housebroken, etc): _____

_____

_____

Do you plan any physical alterations? Ear cropping: ☐ Tail docking: ☐ Other: _____
Do you prefer a: Male: ☐ Female: ☐ No preference: ☐ Other: _____
Will the dog be a: Family pet for children: ☐ Companion for adult(s): ☐ Hunting dog: ☐ Guard dog: ☐
Companion for another dog: ☐ Gift for someone else: ☐ Other: _____ Explain: _____

_____

Is someone home during the day? _____ Where will the dog stay during the day? _____

_____

Where will the dog be during bad weather? _____
What do you consider bad weather? _____
Where will the dog sleep at night? _____
If the dog is not housebroken, how will you train it? _____

_____

Do you know about crate training? _____ Obedience training? _____
Do you plan to obedience train this dog? _____ Yourself? _____ Professional trainer? _____
If this dog develops behavior problems (chewing, digging, etc), what measures will you take? _____

_____

If this puppy grows larger than you expect, what will you do? _____

_____

How long do you expect the dog's adjustment to a new home and family to take? _____

_____

How will you help make this adjustment easier? _____

_____

How do you plan to introduce the new pet to other animals? _____

_____

If you lost your job, had to move, or had a baby what would you do with this pet? _____

_____

We cannot guarantee our pets are housebroken. Housebroken behavior exhibited in the foster home may be different that when in another environment based on schedule, feeding and watering routine. Should the need arise are you willing to housebreak this pet?
Yes: ☐ No: ☐
Are you willing to work with us or a trainer to correct these problems? Yes: ☐ No: ☐

I understand that if the information provided on this application is found to be untrue / incorrect I will surrender the pet to St. Cloud's Rescue upon demand. I agree to abide by St. Cloud's Rescue immediately if the pet is lost or dies.

I agree to allow a representative of St. Cloud's Rescue to inspect the home environment and yard, and if any violations of the contract are in evidence, I agree to allow the agent of St. Cloud's Rescue to remove the animal from the premises occupied by me and entry shall not constitute a trespass.

I certify that the information provided on this application is true and correct.
Signed: _____ Date: _____

Signed: _____ Date: _____