**Can't Hold My Licker Rescue**
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# DOG ADOPTION APPLICATION

**PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME, PATIENCE AND EXPENSE THIS PET WILL NEED. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT. ADOPTION FEE PAYABLE TO CAN'T HOLD MY LICKER RESCUE IN THE FORM OF CHECK FOR ADOPTIONS.**

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| **APPLICANTS INFORMATION**<br>*(please print clearly and answer all questions)* | | |
| **Applicants Full Name** | | **Are you over 18?** |
| **Co-Applicant's Full Name** | | **Relationship to Applicant** |
| **Street Address, City, State, Zip** | | |
| **Cell Phone #1** | **Cell Phone #2** | **EMail** |
| **CANINE INFORMATION** | | |
| **Name of Dog you are applying for?** | | **Breed** |
| **Why do you want to adopt a Dog?** ☐ Family Pet ☐ Companion ☐ Protection ☐ Gift ☐ Other | | |
| **If Gift, Protection or Other please explain.** | | |
| **What are you looking for in a Dog?** | | |
| **Age:** ☐ 2 – 6 Months ☐ 6 – 12 Months ☐ 1 – 6 Years ☐ 7 Years + | | **Sex:** ☐ Male ☐ Female ☐ No Preference |
| **Coat:** ☐ Short ☐ Medium ☐ Long ☐ No Preference | | **Color Preference:** |
| **Personality:** ☐ Playful ☐ Calm ☐ Shy ☐ Affectionate ☐ Likes Dogs ☐ Likes Cats ☐ Likes Kids | | |
| **Health Preference?** ☐ Healthy Only ☐ Short Term Problems ☐ Special Needs ☐ No Preference | | |
| **Where will the Dog live / sleep?** ☐ Indoors ☐ Outdoors ☐ Inside and Outside (***Please explain further below)*** | | |
| **Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's living environment may cause the dog to have accidents?** ☐ Yes ☐ No | | |
| **If you are applying for a puppy or dog that is not house trained, how will you housetrain?** | | |
| **If behavioral issues should arise, what actions will you take?** | | |
| **How will you exercise the new dog?** | | |
| **How many hours will the dog be left alone:** **Daytime?** | | **Evening?** |
| **When no one is home or during traveling where will the dog stay?** | | |

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| **If you must move, what will you do with your new Dog?** | |
| **Have you ever been cited for any dog related Ordinances?** ☐ Yes ☐ No | **If yes, please explain.** |
| **Does your town or city have any Breed Restrictions?** | ☐ Yes ☐ No |
| **If Yes, what are they?** | |
| **Do you agree the dog will NOT be used for fighting, breeding, illegal activities or be found at any time in a location where its presence is illegal?** ☐ Yes ☐ No | |
| **Have all household members met and agreed on a new Dog?** | ☐ Yes ☐ No |

**What reasons do you feel are valid for giving up a pet? Check all that apply.**

☐ Fleas ☐ Shedding ☐ Expenses ☐ Noisy ☐ Chewing/Clawing ☐ Destructive ☐ Bites ☐ New Baby ☐ Moving

☐ Marriage / Divorce ☐ Doesn't Listen ☐ Pets Medical Condition ☐ Don't Have Time For The Animal ☐ Would not Consider

☐ Other *(please explain)*

## PET AND VETERINARY HISTORY

**Have you ever had to give up ownership of a pet?** ☐ Yes ☐ No

**If Yes, please explain.**

**Do you currently have any pets?** ☐ Yes ☐ No

**If Yes, Please complete the information below.**

| | **Pet 1** | **Pet 2** | **Pet 3** |
|---|---|---|---|
| **Pet's Name** | | | |
| **Type of Pet / Breed** | | | |
| **Sex / Age** | | | |
| **Spayed or Neutered** | | | |
| **UTD with Rabies** | | | |
| **UTD with other Vaccines** | | | |
| **Indoor or Outdoor** | | | |

**Current Veterinarian's Name and Telephone number?**

**Name of person on file with the Vet?**

**Name of Veterinarian you will use for your new pet?**

**Contact info for Veterinarian you will use for your new pet?**

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| **Is your Residence:** ☐ House ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Duplex ☐ Other *(explain)* | |
| **If you live in a Condo or Rent – Does the Association or Landlord have Breed or Size Restrictions?** ☐ Yes ☐ No ☐ Not Sure | |
| **If yes, please explain.** | |
| **Do you:** ☐ Own ☐ Rent ☐ Live w/Parents ☐ Live w/Friends ☐ Other *(explain)* | |
| **If you live with Parents, Friends, or Rent – Do you have permission to have a Dog?** ☐ Yes ☐ No | |
| **If you Rent, please provide the Name & Telephone number of the Landlord.** | |
| **Landlord Name** | **Telephone** |
| **How long at your current residence?** | |
| **Is your Yard Fenced in?** ☐ Yes ☐ No **If Yes, type and height?** | |
| **Any Holes or Gaps in the Fence?** ☐ Yes ☐ No<br>**If yes, please explain.** | |
| **Do you have Tie-Outs?** ☐ Yes ☐ No | **Do you have Overhead Runs?** ☐ Yes ☐ No |
| **Number of Adults in the household?** | **Number of Children in the household?** |
| **Please list all members living in the household.** | |

| | | | |
|---|---|---|---|
| **Name** | **Age** | **Name** | **Age** |
| **Name** | **Age** | **Name** | **Age** |
| **Name** | **Age** | **Name** | **Age** |

## AGREEMENT AND SIGNATURE

By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, CAN'T HOLD MY LICKER reserves the right to annul the adoption and reclaim the animal. While CAN'T HOLD MY LICKER makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to CAN'T HOLD MY LICKER or our veterinarian. I hereby authorize the CAN'T HOLD MY LICKER for Life to receive information from Veterinarians and others listed on this application.

| | |
|---|---|
| **Signature:** | **Date:** |
| | |

If for any reason you or your new canine is unhappy after the adoption, we ask that you wait at least 48 hours before returning the animal. If your canine is having trouble adapting to your home please call us with any questions.