**APPLICATION FOR ADOPTION**

**“SOUTHERN JEWEL RESCUE”**

After filling out the application, please call your veterinarian   
to give us permission to do a vet reference check.

PLEASE COMPLETE ALL INFORMATION AND E MAIL YOUR APPLICATION TO: [lovedogs.rescue@gmail.com](mailto:lovedogs.rescue@gmail.com)

\*\*\*THE TOTAL ADOPTION FEE IS COMPRISED OF AN ADOPTION FEE AND A TRANSPORT FEE.

\*\*\*ADOPTION FEE IS PAID TO SJDR TO HELP COVER THE COST OF SPAY/NEUTER, VACCINATIONS, DEWORMING, HEARTWORM & FLEA/TICK PREVENTION.

\*\*\*TRANSPORT FEE IS PAID DIRECTLY TO THE COMPANY WHO DELIVERS THE DOG FROM THE SOUTH TO THE NORTH

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Last Name: | |  | |
| Co-Applicant: |  | Last Name: | |  | |
| Street Address: |  | | | | |
| City: | State & Zip: | | Mailing address (if different) | | |
| Home Phone: |  | | Cell Phone: | |  |
| Work Phone(s): |  | | Email Address: | |  |

**Complete answers to the following will help us match your specific needs and expectations.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age desired: Any, Specific Age, Senior (8 years and older): | | | |  | |
| Is there a specific dog that you are interested in? | | |  | | |
| If so, which one? Name, Specify color, and gender? | | | |  | |
| Why are you interested in this particular dog? | |  | | | |
| Would you consider a Special/needs dog - one who requires medication? | | | | |  |
| Will you accept a mix? |  | Activity Level: High, Med, Calm | | |  |
| Sex: (Male, Female, Either) |  | Ages of ALL family members: | | |  |
| Do they or other family members live with or visit you often? | | | | |  |
| Do they share your interest in adopting a dog? | | | | |  |
| Who is the dog primarily for:  (Adult, Child, Elderly) | | | | |  |
| Who will care for, train and exercise the dog? | | | | |  |
| Does anyone in your household have allergies? |  | If Yes, to what allergens? | | |  |
| May we visit your home prior to application approval? |  | If Yes, when is best? | | |  |

**Please list all the most recent pets you have owned in the past:**

|  |  |  |  |
| --- | --- | --- | --- |
| Species (dog/cat) | Sex | Spayed/ Neutered | What happened to the pet? Please add pet’s name (vet check reasons) |
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**Please provide the full name, City, State, and phone number (very important) of your current veterinarian:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Phone | |  |
| City |  | State & Zip | |  |
| Where do you purchase heartworm preventive if not from your veterinarian? | | | | Brand? |
| Please identify any other veterinarians that you have used most recently: | | | | |
| Name |  | Phone |  | |
| City |  | State & Zip |  | |

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| --- | --- | --- | --- |
| How long have you lived at your current address? |  | Do you own or rent? |  |
| Renters: Must provide Landlord's name/phone: | |  | |
| Do you have the permission of your landlord to have a dog? If so up to what size? | | Yes or No Size | |

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| --- | --- | --- | --- | --- | --- |
| Will the dog be allowed in the house? |  | | How long daily will the dog be left alone (without humans)? EXPLAIN/DESCRIBE IN DETAIL WHAT YOU DOG’S DAY WILL BE LIKE | |  |
| Where will the dog stay when you are away from the house? | | |  | | |
| Are you familiar with the use of a dog crate to train the pet during your absence or at night? | | |  | | |
| Is your yard fenced? | |  | Type of fence? (include Height, Width, and Length) |  | |
| If you do not have a fence, will you install one? | |  | Approximate size of dog's yard area |  | |
| Will the dog be walked daily? | |  | Exercised in a fenced yard? |  | |
| Ever allowed to run free without supervision? | |  | Will your dog receive formal obedience training? |  | |
| Have you ever had a dog before? | |  | Are you aware that routine costs average $500/dog/year? |  | |

|  |  |
| --- | --- |
| Have you ever sold, given away, or surrendered a pet to a shelter? |  |
| If yes, please specify why |  |
| Please tell us why you want a dog: |  |
| Please tell us a little of your lifestyle, your family including any special activities in which your dog would be included.  (If you have any requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle) |  |
| When you move what will you do with your dog? |  |
| Do you understand the state and local ordinances concerning licensing and leashing? |  |
| Have you, or any member of your family or household ever been cited for leash law violations or cruelty to animals in the past? |  |
| If YES please specify: |  |
| When you go on vacation who will care for your dog and where will it be care for? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge.  I/we understand that completion and submission of this application does not guarantee adoption of a dog. | | | |
| Applicant's Signature | Submission by email will serve as signature agreement | Date: |  |
| Co-applicant's Signature |  | Date: |  |

**Don’t forget to call your Veterinarian to   
give us permission to do a Vet reference check.**

**Email your completed Adoption Application back to** [**lovedogs.rescue@gmail.com**](mailto:lovedogs.rescue@gmail.com)

**(MS Word Document format preferred)**