



LABRADOR RETRIEVER RESCUE

ADOPTION APPLICATION

Applicant's Name:		Applicant's Occupation:			
		Work Phone:			
Co- Applicant's Name:		Cell Phone:			
		Applicant's Work Hours:			
Address:		Applicant's Email:			
City:		Co- Applicant's Occupation:			
		Co-Applicants Work Phone:			
State:		Co-Applicants Cell Phone:			
Zip:		Co-Applicant's Work Hours:			
		Co-Applicant's Email:			
		And do you reside in:			
Do You:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse			
How long have you lived at your present address?		Years:		Months:	
If rental, name, address and phone number of landlord (written proof of permission is required):					
How many people reside at this address?		Adults:		Children:	
				Children Ages:	
Does anyone in your household have allergies to animals?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
If yes, please explain:					

Pet Information

What are you looking for in a dog?			
Is there a particular dog you are interested in?			
What are your preferred characteristics in a dog?			
Activity level?	High/Very Active	<input type="checkbox"/>	Running, Swimming, Retrieving, Dog-dog Play
	Moderate	<input type="checkbox"/>	Daily walks, Yard Play
	Couch Potato	<input type="checkbox"/>	Happy with a leisurely stroll or visits in a fenced yard daily.
Would you consider a special needs dog or one who requires medication?			
Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

Will the dog be kept inside or outside? Inside Outside

How many average hours during the day do you expect the dog to be left alone?

Where will you keep the dog when no one is home?

Do you have a fenced in yard? Yes: No:

List height, materials and size of fenced area. Or If not completely fenced in, how will you contain your dog to your property? (Be specific)

Where will you keep the dog during the night when you are sleeping?

How do you plan to exercise your dog and how often?

Do you plan to travel with your dog or have it boarded?

What will you do with the dog if you need to travel for personal or business reasons?

If you move in the future, what will you do with your dog?

Are you willing to have a SOS Labrador Retriever Rescue representative visit your home by appointment to approve your application prior to adoption?

	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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If no, reason:

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VET INFORMATION (if no current one list who you will be using)							
Vet Name:							
Address:							
City:							
State:		Zip Code:		Phone:		Fax:	
Do you purchase monthly heartworm, flea and tick preventative?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							

PERSONAL REFERENCES (i.e. trainer, groomer, neighbor, another dog owner)					
Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	

How did you hear about SOS Labrador Retriever Rescue?

Do you have questions about the adoption process, or about having this animal or any other as a pet, that we can answer for you?

Keep in mind that we are here to serve as a resource to help you and your new companion live a long a happy life together. If we don't have answers in regard to your questions or concerns, we will help you find the help you need.

I/We attest that the information provided in the application is true and accurate to the best of I/our knowledge and any misrepresentation of fact will be cause for denial of adoption. I/We understand that submission of this application does not guarantee adoption of a dog. I/we understand that the rescue organization has done its best to identify the correct breed or mix of breeds but does not guarantee accuracy.

APPLICANTS SIGNATURE

DATE

X

CO – APPLICANTS SIGNATURE

X

We appreciate the time you have taken to fill out this application. Our goal is long-term happiness for both the adopters and our rescued pets. **We sometimes have to make difficult choices in deciding which home would best fit a specific dog.**

Email this application to info@soslabrescue.org



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1455 Thurston Snow Rd.
Good Hope, Ga. 30641

www.soslabrescue.org