Stover Animal Rescue

PO Box 332, 709 W. 4th St., Stover, Missouri 65078 **573-377-4355** [stoveranimalrescue@gmail.com](mailto:stoveranimalrescue@gmail.com)

APPLICATION FOR **DOG** ADOPTION

(please note: an application does NOT guarantee adoption – please complete carefully and honestly. ***Thank you!***)

# Contact Information

Full name: Occupation:

# Date:

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Address: City: State Zip

How long at this address? Own? Rent? If you rent, please give the rules governing pets and

your landlord’s name and number: \_

## (by providing this information you are allowing Stover Animal Rescue to contact your landlord - please inform them of this call, so they will speak with us)

Home Phone: Work Phone:

Cell Phone: Best phone to use and time to call:

Email address:

# Family & Housing

How many adults are there in your family (and their relationship to you)?

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How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Do you have a yard? \_ What size? \_ \_ \_ Fenced? \_

Is your household: Active Noisy Quiet Is everyone in agreement to adopt a dog?

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Does anyone have a known allergy to dogs? \_ Do you have time to provide adequate love and attention?

 Explain

**Other Pets**

What other pets do you have (specify type and number)?

\_ \_ \_ \_

Are these pets up to date on vaccines? Are these pets spayed/neutered?

If not, why?

Have you ever surrendered a pet? If so, why? \_ \_ \_

Have you ever had a pet euthanized? If so, why? \_ \_ \_

Have you ever lost a pet to an accident? If so, how?

How do you discipline your pets and why?

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# Veterinarian

Do you have a regular veterinarian? Yes No Would this be your first pet Yes No

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Veterinarian’s name:

Clinic Name:

Clinic Address: Clinic Phone:

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(by providing Stover Animal Rescue with this information, you are allowing us to contact your vet. **Please call your vet and ask them to authorize the release of information to Stover Animal Rescue.**)

**About the Dog You Wish to Adopt** What is your idea of an ideal dog and why?

Desired age: \_ Desired Size: Desired breed: \_

Desired sex: Female Male Any breed you would not adopt: \_ \_

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## (By law, animals adopted from a shelter/rescue must be surgically altered to prevent unwanted puppies)

I am willing to adopt: an outgoing/hyper dog a shy dog a dog that needs training a dog that needs grooming

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dog that needs regular medication

an older dog none of these

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Where will the dog spend the day? (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where will the dog spend the night? (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours (average) the dog will spend alone? Who will be responsible for this dog's daily care?

Who will have financial responsibility for this dog?

Will you provide regular health care by a licensed Veterinarian Yes No Will you keep the dog as an indoor member of the family? Yes No

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When the dog goes out, how do you plan to supervise it?

Do you agree to contact Stover Animal Rescue if you can no longer keep this dog? Yes No

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Are you willing to let a representative of Stover Animal Rescue visit your home by appointment? Yes No

How did you hear about Stover Animal Rescue? Would you be interested in fostering? Yes No I would like to know more

**Personal References** Please list someone who is familiar with both you and your pets.

Name: Address: \_

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Phone: \_

Relationship relative

neighbor friend other \_

Name: Address:

Phone: Relationship relative neighbor friend other \_

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## All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, outdoor exercise, affection, an annual physical examination, any needed medical care and vaccinations under the supervision of a licensed Veterinarian.

(Signature) (Date) 2