



# Stover Animal Rescue

PO Box 332, 709 W. 4<sup>th</sup> 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

Date: \_\_\_\_\_

Full name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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)? \_\_\_\_\_

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 Does anyone have a known allergy to dogs? \_\_\_\_\_

Is everyone in agreement to adopt a dog? \_\_\_\_\_ 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? \_\_\_\_\_

## Veterinarian

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

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

(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 \_\_\_ either Any breed you would not adopt: \_\_\_\_\_

**(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 regular medication  
\_\_\_ a dog that needs training a dog that needs grooming \_\_\_ an older dog \_\_\_ none of these

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

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

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: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship relative \_\_\_ neighbor \_\_\_ friend \_\_\_ other \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship relative \_\_\_ neighbor \_\_\_ friend \_\_\_ other \_\_\_\_\_

**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.**

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**(Signature)**

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**(Date)**

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