

Name of the dog in which you are interested (if known):

Information about You

Name	Age
Address	
City	
Driver's License or ID#	
Home E-mail	
Work E-mail	
Home Phone () Cell Ph	
Employed by	
Employer's Address & City/Zip	
Employer's phone () Employer	er's Fax ()
What is the best way to contact you? Phone	E-mailText
How long have you lived at the current address provide	ed?
Previous address, if less than 2 yrs.	
	Years there
Spouse/Partner Name	Age
Spouse/Partner Employer	
Spouse/Partner Phone ()	
Children living at home	
Name	Age
Name	Age
Name	Age
Other than immediate family, list all living in your hom	ne and their ages



Pet History

Have you ever owned a Yorkie? If so, where is it now?			
Do you have other pets? List breed, age, and sex			
Are all pets current with all vaccinations? Are they spayed/neutered?			
If no to either, explain			
Are all pets on heartworm preventative? Brand			
Are all pets on flea control? Brand			
Groomer's name and phone (as reference)			
Veterinarian's name and phone (as reference)			
Approximate date of last Veterinarian visit for each pet			
List all pets owned in last 10 years, not mentioned above, and their present status.			

General Information

How did you hear about this Yorkie Rescue?
or belong to
Please provide the name, address, and phone number of three professional or personal
references, other than your veterinarian:
1
2
3



Information Specific to Adoption

We do NOT adopt dogs out as gifts for other parties, and this application should be out by the person seeking to adopt.	filled
Will the adopted dog be your personal companion?	
If not, who will be?	
Why do you want a Yorkie?	
Is everyone in your home agreeable to adopting a rescue dog?	
If not, who and why not	
Please check the term(s) that best describes you current living situation:	
House Condo Apartment Modular H	Iome
Rent Own Living with Parents	
If renting -	
Landlord's name Phone ()	
If living with parents -	
Parent name: Phone ()	
Parent name: Phone ()	
Does property owner allow pets?	
If renting or living with another party who allows pet ownership, we will need a letter of	
permission from the property owner. Initial to confirm understanding	
Check applicable social environment: Urban Suburban I	Rural
Does your home have a backyard? Is it fenced? Fence type	
Fence height Will gate be padlocked? Is fence permanent? _	
Is bottom edge of fence buried to prevent tunneling?	
Will dog be left alone during the day? For how long? Days per week	
Where will the dog stay while you are gone?	
Where will the dog be living? (Examples: all over the house, confined to part of the house	se,
garage, basement, etc.)	



Will the dog be crated?	If so, for how long?	How of	ten?
Have you ever adopted any an	imal before? Wh	at kind?	
Adopted from what agency? _		Phone	
Preference: male or female?	Age range?	Size/We	eight?
Do you understand that often a	a rescue dog's complete l	nistory may be unknow	own?Yes No
Are you willing to work with u	is to correct any possible	behavior problems?	Yes No
Are you aware of Terrier perso	onality characteristics?	_Yes No	
Social/Behavioral proble	ms you could NOT	handle (Check all th	at apply):
Soiling floor	Dog/cat aggression	Exces	sive barking
List other:			
List any medical condition(s)	you are not able to handle	e:	
Will you take the dog to obedi	ence training?Yes	No	
If yes, where?			
Will you always (initial for con	nfirmation):		
• Maintain necessary vac	ccinations for the dog?		
• Provide necessary vete	rinary care and treatment	t?	
Have annual Heartworn	m test?		
	worm & flea prevention?		
Are you willing to keep the d	-		No
Under what circumstances wo	-		
What activities do you plan to	share with your dog?		
in the det the de you plut to			



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Veteri	narian	vou	W1II	emp	IOV:
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ame:	
ddress:	
hone:	

After your initial home visit has been completed, are willing to pick up the dog at the current

foster home if necessary, or to assist with the transport if the dog is a long distance from your

home? Yes No

What maximum distance could you travel (one way)?

Note: We do not ship dogs.

List any other comments and please describe a typical day for the new dog in your household:





Please Read Carefully Before Signing and Submitting Application

I certify that the information provided on this form is true & correct.

I am financially and physically able to care for this animal.

I understand that proper food and veterinarian care may be costly, and I am financially willing and able to meet these requirements. Phone or personal interviews are conducted after the receipt of the application, then vet, groomer, and other references are contacted. Please inform your groomer and vet that we will be calling them for references and information about you as a pet owner. Home visits are made on a random basis prior to and following adoption. If, upon inspection, we find that information contained in this application is false or substantially incomplete, Yorkie Rescue retains the right to turn down your application for adoption or remove the animal from your premises after adoption without a refund of moneys paid.

I understand the requirements for adoption of a rescue dog, and give permission to contact the references provided on this application.

Signature: Date:

We require a hard copy of your signature prior to adoption, certifying the above information. Postal mail or scan and email the completed form, with your signature to:

Wren Yorkie Rescue, Inc. 4400 Keller #339

Oakland CA 94605

Call: (510) 610-0291 (Cell) (510) 531-5309 (non-urgent messages only)

Email: WrenYorkieRescue@aol.com