**Ribsey’s Refugees**

**Rescue Adoption/Foster Application**

**We also need you to email us a photo of these items to verify occupancy in residence:**

1.  Front and back of your home showing fenced in area, if applicable

2. Photo of your home address on the house.

3.  Copy of a utility bill showing your name & home address

Before we introduce you to one of our dogs, we need to review your application to make sure the dog will fit your home & environment.  Just click on "Forward" and fill out and send back to me.

**If you are interested in foster care or adoption ~ please fill this form out and email back to us., and we will work on getting it approved so you can become a part of our adoption/foster team!   Thank You.** ribseysrefugees@comcast.net

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I am interested in adopting/fostering **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 1:  Personal Information:**

Name: Spouse’s (or Other’s) Name:

Address:

City & State:

Zip Code:

Evening phone: Day phone:

E-mail Address:

Employer Name:

Spouse’s (or Other’s) Employer:

Number of adults in household: Number of children:

Men: Ages: Boys: Ages:

Woman: Ages: Girls: Ages:

Are you expecting a child or planning a family in the near future? Yes\_\_\_ No\_\_\_

Are all your family members in favor of adopting/fostering a rescue dog? Yes\_\_\_ No\_\_\_

Is anyone in your household allergic to animals?  Yes\_\_\_  No \_\_\_

Type of dwelling you live in:

House\_\_\_\_\_\_ Apartment\_\_\_\_\_\_\_ Condo/Town House\_\_\_\_\_\_\_

Trailer\_\_\_\_\_\_ Duplex \_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other, please explain:

Do you rent or own? Own\_\_\_\_\_\_\_\_ Rent\_\_\_\_\_\_\_\_

If you rent, do you have the landlord’s permission to keep a dog? Yes\_\_\_\_\_ No\_\_\_\_\_\_

If you rent, please provide the name & phone number of your current landlord.

How long have you lived at your current address?

Are you planning on moving in the near future?

How many consecutive hours a day are you away from home for work, school, etc?

# Part 2:  Type of Dog

Why do you want to adopt/foster a rescue dog?

\_\_\_\_\_\_\_\_\_\_ Companionship

\_\_\_\_\_\_\_\_\_\_ Watch Dog

\_\_\_\_\_\_\_\_\_\_ Company for my current pet(s)

\_\_\_\_\_\_\_\_\_\_ A gift for:

\_\_\_\_\_\_\_\_\_\_ Other please explain:

Are you agreeable in notifying Ribsey’s Refugees/Linda McCoy, should an unforeseen circumstance arise wherein you would no longer be able to keep the dog(s)?

If such circumstance should arise where the dog(s) needs to be re-homed, we will offer every available assistance and resource to help with this process, while you continue to provide a home for the dog(s). We are not an animal shelter, and are therefore unable to take the dog(s) back into our care once the adoption has been finalized.

Do you agree to keep the dog(s) in your home and assist in the process of re-homing?

Would you be willing to allow us to visit your home prior to adoption/foster?

**Part 3:  Environmental Information:**

How large is your yard (approx)?

Is it fully fenced? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If yes, what kind and how tall? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you yard is not fenced, how do you plan to insure that the dog(s) receives safe and adequate exercise?

Where will the dog(s) sleep?

**Part 4:  Pet History**

List All Pets You Currently Own:

Dogs:

Breed:

Ages:

Male or Female:

Spayed or Neutered:

Indoor/Outdoors:

Cats:

Breed:

Ages:

Male or Female:

Spayed or Neutered:

Indoor/Outdoors:

Is your cat(s) declawed? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_

What activities do you plan on participating in with your dog(s):

Are you planning on taking your new adoptive/foster dog(s) to obedience class? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If no, why?

Are your current pets all spayed and or neutered?

If not, why?

What circumstances, in your mind, justify giving a dog(s) up? (check all that apply)

\_\_\_\_ moving (in case of divorce) \_\_\_\_ medical problems

\_\_\_\_ not getting along with other pets \_\_\_\_ new baby

\_\_\_\_ getting out of a fence \_\_\_\_ divorce

\_\_\_\_ children lost interest \_\_\_\_ behavioral problems

\_\_\_\_ too time consuming \_\_\_\_ shedding

\_\_\_\_ allergies \_\_\_\_ housebreaking problems

Have you ever given a dog up or had a dog for a brief period of time and it didn’t work out?

Yes \_\_\_\_ No\_\_\_\_\_\_\_

If yes, please explain the circumstances and what happened to it:

If your pet develops a medical problem that becomes expensive, what would you do?

\_\_\_\_\_ Find another home for him/her

\_\_\_\_\_ Pay whatever it takes

\_\_\_\_\_ Give him to a rescue group or shelter

\_\_\_\_\_ Other – Please explain:

**List any pets you have previously owned:**

Species/Breed:

How long owned:

Where is pet now?

If deceased, cause of death

# Have you ever had to give up a pet? \_\_\_\_\_Yes No\_\_\_\_\_

If yes, please tell us why:

**Part 5:  Dog Knowledge**

Are you aware of dog(s) health problems? Yes \_\_\_\_ No\_\_\_\_\_\_\_\_\_

If yes, what problems do you foresee (please explain)

Are you willing to take care of said problems should they arise even if he/she requires daily medication?

 Yes \_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

Please let us know anything else that would make you and ideal candidate for a rescue dog:

**Part 6:  Behavior**

What type of behavior(s) do you expect from this dog?

What amount of time and effort, per week, do you want to devote to training your dog(s)

 None\_\_\_\_\_\_ 3-5hrs \_\_\_\_\_ 5-7hrs \_\_\_\_\_ 7-10hrs \_\_\_\_\_\_10+hrs\_\_\_\_

Are you likely to enroll your dog in obedience class? Yes\_\_\_\_\_\_\_ No \_\_\_\_\_

Which family members would be expected to assist in home training?

What is your definition of disciplining your dog?

# Part 7:  References

List **three** references that can attest to your suitability as a pet owner, and more specially, the owner of a rescued dog. If you have any pets now, please include your **current veterinarian** as a reference.

Name:

Address:

Phone:

Relationship:

Name:

Address:

Phone:

Relationship:

Name:

Address

Phone

Relationship:

**Vet Reference:**

Clinic Name/ Drs Name:

Address:

Phone:

Applicant Signature: Date:

 Applicant Signature: Date: