



**BOW WOW REVOLUTION**  
**ADOPTION OR FOSTER APPLICATION**  
**Contact Information**

Name of dog/cat you are interested in:			
First Name:		Last Name:	
Co-Applicant First Name:		Co-Applicant Last Name:	
Address:	Apartment #:	Email:	
		Co-Applicant:	
City:	State:	Zip Code:	Date of Birth:
		Co-Applicant:	
Home #:	Work #:	Cell #:	
		Co-Applicant:	
Employment status (full-time, part-time, student, retired, other):		Name of Employer & Position:	
Co-Applicant:		Co- Applicant:	
Do you live in a: house condo apartment townhome other:			
<b>Condo/Townhome and Rental will need to provide copy of lease or pet rider with this application.</b>			
Do you: own or rent ? Management Office/Landlord:		How long have you lived at this address?	
Do you plan to move in the near future? yes no		If yes, what do you plan to do with your pet(s)?	
Please list all other members of the household, their age, and relation to you:			
Have all members of the household approved of having a new animal in the home?		Who will be the primary caretaker?	
How long have you been looking for a new pet?		How much time are you prepared to give your new pet to adjust to your home?	
Does anyone in your household have allergies? Please explain:			
Why would you like to adopt an animal?			
Where will your pet be kept during the day? At night?			
How many hours will the animal be home alone during the day?			
How much do you expect to spend annually on your pet?		How much are you willing to spend on medical bills?	
What provisions will you make for the pet should you become unable to care for him/her?			

## Dogs/Puppies

What would you do if your new dog/ puppy develops a problem with:

Digging:

Barking:

Chewing:

Aggression:

Keeping you awake at night:

Growling at guests:

Separation Anxiety:

How will you discipline your dog if s/he misbehaves?

How do you plan to handle house training?

Do you have a fenced yard?

What experience have you had with dogs?

Are you prepared and committed to providing a responsible, loving home for your pet's entire life (15+ years)?

## Cats/Kittens

What would you do if your new cat/ kitten develops a problem with:

Scratching:

Inappropriate Elimination (not using their litter box):

Excessive Meowing:

Keeps you up at night:

Under what circumstances would you have the cat declawed?

Do you plan to let your cat outdoors?

What experience have you had with cats?

Are you prepared and committed to providing a responsible, loving home for your pet's entire life (15+ years)?

## Pet Information

Please tell us about your previously owned and/or current pets

Name	Breed	Gender/Age	Are they up-to-date on vaccinations?	Are they SPAYED/NEUTERED?

If you own dogs, are they heartworm tested and on preventative medication?      YES      NO

Have you ever given an animal away or relinquished an animal to a shelter?      YES      NO

If yes, what were the circumstances?

Veterinarian's Name:

Phone:

When was your current pet's last visit to the vet and why?

Under what circumstances would you (or have you) euthanized a pet?

## Personal Reference Information

Please provide two personal references **other than family members**

Name & Relationship:	Phone Number:
Name & Relationship:	Phone Number:

By signing below, I certify that the information I have given in this application is true to the extent of my knowledge as of the date on this application. I agree that either my signature on this form or submission of this form via fax or email will constitute a legally signed document. I understand that this questionnaire is used by Bow Wow Revolution to determine if the pet I am interested in would be a good fit for my lifestyle, but that it does not guarantee I will be able to adopt said pet. I understand that Bow Wow Revolution reserves the right to deny me for adoption for any reason. I further authorize the investigation of all statements in this application.

Please date and sign below; *if submitting via email, please type date and your full name.*

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

Thank you for your interest in becoming a foster parent! Animals that receive patient, loving, and understanding foster care are more likely to be adopted into forever homes. The time and energy you give is more than appreciated!

Please return completed form to [bowwowrevolution@gmail.com](mailto:bowwowrevolution@gmail.com) or fax to 773-409-5797.

If I elect a 7 day foster to adopt, I understand and accept full responsibility for the health risks to my own animals and all who resides in and enter my home. Furthermore, I understand that I assume full responsibility should a medical emergency happen to said foster animal as a result of negligence. Medical care for a foster is only covered by Bow Wow Revolution when care is performed at an authorized vet with approval from a Bow Wow Revolution Board Member. **Medical care is not covered when a result of negligence of the foster.**

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

Once we receive your application, our coordinator will review it and get in touch with you. Bow Wow Revolution looks forward to working with you in helping to save lives. Thanks, again, for your interest and enthusiasm!