



TeamSKRescue@gmail.com • Visit us on Facebook and Petfinder

Canine Adoption Application

If you are interested in adopting a dog from Team Stinkykiss Shelter Rescue Project, Inc. please complete the following form. Once completed, SAVE your document and return as an attachment via email to:

TSKADOPTIONS@GMAIL.COM

Team Stinkykiss Shelter Rescue Project, Inc. reserves the right to refuse any applicant for any reason.

Please read and understand. Team Stinkykiss Shelter Rescue Project Inc. takes the adoption of our animals seriously. We believe that all animals deserve to live happy, well-stimulated and inclusive lives with a loving family. We believe that pet ownership is not temporary; rather it is a loving commitment for the life of the animal. By submission of your application you are indicating that you share the same values. We appreciate your understanding and support of this mission and look forward to matching you with a rescue animal that is well suited for your lifestyle and home.

Please fill out each question honestly and thoroughly to ensure an accurate profile is provided to the adoption coordinator. *Unfinished or vague applications may be immediately denied.*

*****Specific dog applying for, if any: _____*****

APPLICANT

First & Last Name: _____

Sex: _____ Age: _____

Cell Phone# _____

Occupation: _____

Company Name and Address: _____

Company Phone: _____

How long at this job: _____ I work the following hours: _____

HOME ADDRESS (Physical address where animal will reside)

Street Address: _____

City: _____ State & ZIP: _____

E-mail address(s): _____



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CO-APPLICANT/SPOUSE

First & Last Name: _____

Sex: _____ Age: _____

Cell Phone # _____

Occupation: _____

Company Name and Address: _____

Company Phone: _____

How long at this job: _____ I work the following hours: _____

Please list name and phone number of an emergency contact person in the event we are unable to reach you in the future _____

NUMBER OF ADULTS AND CHILDREN IN YOUR HOUSEHOLD

Number of adults plus their ages in household: _____

Number of children plus ages in household: _____

Planning to have children in the next 5 years: Yes / No

Family member(s) responsible for caring for dog _____

TELL US ABOUT YOUR HOME & WHERE YOU LIVE

Do you live in the country, suburbs, city, etc.? _____

Do you reside in a house, apartment, condo, townhouse, or mobile home?

Do you rent or own your home? _____

If renting, do you have permission to have pets? _____

Landlord's Name & Phone: _____



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OTHER PETS/ANIMALS IN YOUR HOUSEHOLD OR ON YOUR PROPERTY

Is this your first pet as an adult? If not, please list other dogs **by name** that you previously owned and tell us where they are now.

List your current dogs by: **Name**, breed, age, sex, spayed or neutered, are they up to date on vaccines and heartworm preventatives? _____

How many cats, if any, are in your home, spayed or neutered? _____

Do you have any other animals? List them. _____

What brand of heartworm prevention do you use? _____

Are you willing to adopt a heartworm positive dog? (Y/N) _____

Do any of your pets live primarily outdoors? (Y/N) _____

Where does your current dog stay when you leave the house? _____

Where will your dog sleep at night? _____

How much unsupervised time will your dog spend outdoors? _____

Where will your new dog/puppy stay when you are not home? _____

Do you have a fenced yard? If so, what type of fence? _____

How will your dog be exercised? _____

Have you ever returned an adopted animal to a rescue or shelter? If so, please explain:

Have you ever been declined from adopting from another rescue? If yes, please explain:

Have you ever had a personal pet get lost or stolen? If yes, please explain:



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In the event of relocation, is there a chance that you may be forced to live in apartment housing?
Yes/No _____

Should you not be able to keep your new pet, do you have the means to return the animal safely to Team Stinkykiss Shelter Rescue Project, Inc.? (Our adoption policy strictly forbids animals from being rehomed or abandoned with other rescues or government shelters) _____(Y/N)

WHAT KIND OF DOG WOULD YOU LIKE? CHECK ALL THAT APPLY

Male _____ Female _____ Active, hiking type of dog _____ Dog that gets along with cats _____

Small size dog(under 20lb) _____ Non-shedding dog _____ Puppy 8 weeks-4months _____

Medium size dog(20-50lb) _____ Couch potato _____ Puppy 5 months-1 year _____

Large size dog (50-100lb) _____ Dog that likes car rides _____ Adult dog _____ Senior dog _____

Describe the dog of your dreams (What your average weekend with a dog might be like)

What behaviors in your new dog would lead you to return the dog to the rescue?

When you go on vacation, where will your dog go and who will care for it?

VETERINARIAN: *we will call to check your vet references, please make sure you listed your pets name(s)

Veterinarian's Name: _____

Veterinarian's Phone Number: _____



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MILITARY ADOPTERS PLEASE ANSWER THE FOLLOWING *(Civilian applicants please skip this section)*

What is your rank and MOS? _____

In the event of relocation, please describe your care plan for your animals: _____

*******All Applicants must complete this section*******

What is your care plan in the event you (your family) can no longer care for your pet? Please be specific. If part of your plan includes another person, please list their name and phone number.

By signing below, I am attesting to the truthfulness of my answers. Falsification or misrepresentation of the above information will result in rejection of this application or possible removal of adopted pet from my home.

Applicant Signature and Date: _____

Applicant Name (Printed): _____

Co-Applicant/Spouse Signature and Date: _____

Co-Applicant/Spouse Name (Printed): _____