

## PLEASE PRINT ALL INFORMATION

First Name:	Last Nam	e:	
Email address			
Spouse or partner's nam	ne		
Email address			
Street Address:			
Mailing address (if difference)	ent)	7in	
Home Phone:	Work Phone:	Zip Cell Phone:	_
Occupations			_
•	e following questions will enable u puppy or dog to match your needs	s to be more familiar with your request and rand expectations.	requirements
Age desired: Any	Specific Age:	Senior (8 years and older)	
Which dog (s) on our we	bsite interest you?		
Would you consider a Sp condition?	pecial -Needs dog such as one wh	o requires medication for a permanent but c	ontrolled
Activity Level: High Med	I Calm Sex: Male Female Either		
Ages of all family member Do they or other family n	ers: nembers live with or visit you?	_	
Who is the dog primarily	for: Adult Child Elde	erly	
Who will care for, train a	nd exercise the dog?		

Does anyone in your household have allergies?	If Yes, to what allergens?	
May we visit your home prior to application approval?	If Yes, when?	
Please list all the pets you have owned in the past thr Species Sex Spayed/ Neutered What happene	•	
Please provide the full name, address, and phone null Name  Phone	·	n:
NamePho CitySt	tate ZIP	
Where do you purchase heartworm preventive if not f	·	
Please identify any other veterinarians that you have		
NameSt	tateZIP	
Please list two personal references, name and phone  1	·	-
2		
How long have you lived at your current address? Landlord's name and phone number: Do you have the permission of landlord to have a dog Will the dog be allowed in the house?	Do you own	rent?
How long daily will the dog be left alone (without hum	nans)?	
Where will the dog stay when you are away from the	house?	

Are you familiar with the	e use of a dog crate to tr	ain the pet during	your absence	or at night?	
Is your yard fenced? a fence, will you install	Type fence? one?	Height	Width	Length	If you do not have
Approximate size of dog Allowed to run free with	g's yard area out supervision?	Will the dog be Will your dog	e walked daily? receive forma	Exercised I obedience train	in a fenced yard? ning?
Are you aware that rout	tine costs of maintaining	a dog average \$	500 a year?		
Under what circumstan	ces would you surrender	r a dog?			
Have you sold, given a	way, or surrendered a pe	et to a shelter?			
If yes, please specify _					
Please tell us why you	want a dog ?				
(If you have any specia	your lifestyle, your family I requirements or reques	sts for a dog, plea			
licensing? Lea family/household been	vill you do with your dog' shing? Have you cited for leash law violat	u, or any member ions or cruelty to	of your animals in the	past?	ordinances concerning
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By signing below, (1) I/we authorize Lucky Labs Rescue to check the veterinary and personal references that I have listed above. (2) I/we certify that the information that I have provided is true, correct, and complete. (3) I /we understand that LLR reserves the right to deny any adoption application for any reason whatsoever, if LLR finds that such adoption would be contrary to LLR'S adoption policies or not in the best interest of the adoptee, in each case, as determined by LLR in it's sole discretion. (4) I/we understand that in the event my application is denied, LLR shall not be required to disclose the reasons for such denial. (5) I/we attest that we understand that completion and submission of this application does not guarantee adoption of a Pet from Lucky Labs Rescue.

Applicant's Signature	
Co-applicant's Signature	
Date:	
Please return this form to: Wendy Adams at Ilra	doptions@gmail.com.

Fax 704-814-6989