



ADOPTION APPLICATION
 (Please type or print. Please answer every question.)

Application Date	
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First Name		Last Name	
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Mailing Address			
Street Address			
City			
State		Zip code	
County of Residence			

How long have you lived at this address? _____

Contact Phone Numbers (Please include area code)			
Home		Cell	
		Work	

Email Address

How would you prefer that we contact you?
 Home phone Cell phone Work phone Email
 Other: _____

Have you ever owned Scotties before? Yes No

Were any of your previous Scotties pets/companions? Yes No Does not apply

Were any of your previous Scotties show dogs? Yes No Does not apply

Were any of your previous Scotties rescue dogs? Yes No Does not apply

Tell us about your previous Scotties, including any you own now. If you've never owned a Scottie, why are you attracted to this breed?

Why are you interested in adopting a Scottie from rescue?

Adoption Preferences

Would you prefer to adopt a male Scottie? Yes No No preference

Would you prefer to adopt a female Scottie? Yes No No preference

Would you consider adopting a Scottie mix? Yes No

Would you consider adopting two Scotties that cannot be separated (a "bonded pair")? Yes No

Some Scotties are larger and may weigh 30 pounds or more. Is a Scottie's weight or size a consideration for you? Yes No

Would you consider adopting a senior Scottie (8 years of age or older)? Yes No

Would you consider adopting a terminally ill dog for hospice care? Yes No

Would you consider adopting a special needs Scottie (blind, deaf, with a medical condition that requires daily medication, missing a leg, etc.)? Yes No

If you selected any of the choices in the three previous questions please provide more information about your experience in working with dogs of that type and your willingness to assume the responsibility of care for a special Scottie:

Home and Lifestyle Considerations

Please describe your home (single family house, condo, townhouse, apartment, etc.).

Do you own or rent your place of residence? Own Rent

Is there a securely fenced yard where you live? Yes No

Is there a pool, pond, or other open body of water where you live? Yes No

If you have a pool, pond, or other open body of water on your property please describe it and explain the precautions you would take to prevent a rescue Scottie from having unsupervised access to the area. (Scotties, in general, do not swim well.)

If you have a fenced yard where you live, describe it (fence type, size, height, etc.).

Note: An unfenced yard does not automatically disqualify an applicant, however we do not place dogs in homes that have only an electric fence.

If you do not have a fenced yard where you live, how would you exercise your Scottie?

If you will be leash walking your dog, are you comfortable with handling a stronger Scottie who may pull on the leash? Yes No

What is the age of the person who would be the primary caregiver for an adopted Scottie?
 Under 21 21-25 26-55 56-75 Over 75

Do you have minor children living in your home? Yes No

Would a rescue Scottie come into frequent contact with children? Yes No

If a rescue Scottie would be in frequent contact with children, either in your home or under other circumstances, please list the ages of the children:

Where would your Scottie be housed during the day?

How many hours per day would your Scottie be home alone?

Who cares for your pets while you are away from home or on vacation?

Please list all other pets of any type that currently live in your home.
(Please include the number and type, breed, age, sex, and whether they are neutered/spayed.)

What pets have you previously owned? Why are they no longer living with you (what happened to them)?

Have you ever surrendered pets to a rescue or shelter? Yes No

If you answered yes to this question, please explain the circumstances:

References

Veterinarian Reference

(Please list the name, address and telephone number- with area code- of the veterinarian who cares for your current or previous pets.)

Name of Clinic	
Name of Primary Vet	
Street Address	
City, State and Zip Code	
Telephone Number	

Personal Reference #1

(Please list the name, address and telephone number- with area code- of someone who knows you well and can attest to how you care for pets)

Name	
Street Address	
City, State and Zip Code	
Telephone Number	

Personal Reference #2 (Please list the name, address and telephone number- with area code- of someone who knows you well and can attest to how you care for pets)	
Name	
Street Address	
City, State and Zip Code	
Telephone Number	

If you are making this application on behalf of someone else, please explain the circumstances:

Concluding Statements

I affirm that all the information contained on this application is true and correct. Yes No

I have discussed the potential to adopt a rescue Scottie with other family members and we all understand the time, energy, and financial obligations involved. Yes No

I understand that I will be asked to make a donation and/or pay an adoption fee to help defray the medical and other expenses associated with running the rescue program from which my Scottie would be adopted. Yes No

I agree that you may contact my veterinarian and personal references. Yes No

How did you hear about STROF?

Please add any comments or questions you may have here.

My typed full name (or written signature) below indicates my full understanding of the above statements, and of the accuracy of all of information contained in this application.

Signature _____

Date _____