



LEICA'S "SAVING PAWS" RESCUE, INC

IRC SEIRC Sec. 501(c)- Exempt Org.Org

LeicasPaws2014@gmail.com

Application to (select one):

Foster:

Foster-to-Adopt:

Adopt:

Applicant First Name:		Last Name:	
Co-Applicant:		Last Name:	
Street Address:			
City:	State & Zip:	Mailing address (if different)	
App Home Phone:		Cell Phone:	
Co App Home Phone		Co App Cell	
App Work Phone (s)		Email Address:	
Co App Work Phone:		Co App Email	

Complete answers to the following will help us match your specific needs and expectations.

Age desired: Any, Specific Age, Senior (8 years and older):			
Is there a specific dog that you are interested in?		Yes	No
If so, Which one (name)?			
Please specify color and gender of interest dog:		Color?	Gender?
Why are you interested in this particular dog?			
Would you consider a Special/needs dog - one that requires medication?			Yes No
Will you accept a mix?	Yes No	Activity Level: High, Med, Calm	
Sex: (Male, Female, Either)		Ages of ALL family members:	
How many adults live in household		How many children live in house - include ages	
If you have no children in household, how often will dog be in contact with children (visiting family, neighborhood.)		Explain	
Do they or other family members live with or visit you often?			Yes No
Do they share your interest in adopting a dog?			Yes No
Who is the dog primarily for: (Adult, Child, Elderly)			
Who will care for, train and exercise the dog?			

Does anyone in your household have allergies?	Yes	No	If Yes, to what allergens?	
May we visit your home prior to application approval?	Yes	No	If Yes, when is best?	
Occupation Applicant			Where do you work?	
Occupation Co-applicant			Where do you work?	

Please list all the most recent pets you have owned in the past and currently own:

Species (dog/cat) & breed/age/size	Sex	Spayed/Neutered Y/N	What happened to the pet? Please add pet's name (vet check reasons)

Please provide the full name, City, State, and phone number (very important) of your current Veterinarian:

Vet's Name		Phone	
Owner Name on vet record		City, State & Zip	
Where do you purchase heartworm preventive if not from your veterinarian?			Brand?
Please identify any other veterinarians that you have used most recently:			
Name		Phone	
City		State & Zip	

How long have you lived at your current address?		Do you own or rent?	Own	Rent
Type House, Town Home, Condo, Trailer, Other		Live with Parents?	Yes	No
Renters: Must provide Landlord's name/phone:				
Do you have the permission of your landlord to have a dog? If so up to what size?		Yes	No	Size

Where will dog be kept during the day?		How long daily will the dog be left alone (without humans)?	
Where will the dog stay when you are away from the house?			
Are you familiar with the use of a dog crate to train the pet during your absence or at night?		Yes	No
Is your yard fenced?		Type of fence? (Include Height, Width, and Length)	
If you do not have a fence, will you install one?		Approximate size of dog's yard area	

How frequently will you exercise dog?		Exercised in a fenced yard?	Yes	No
Have you previously taken a dog to obedience training?	Yes No	Will your dog receive formal obedience training?	Yes	No
How long do you feel it will take for dog to adapt to its new environment?		Please estimate the yearly cost to care for a dog - food, grooming, vet care, toys, daycare/boarding?		
Have you ever sold, given away, or surrendered a pet to a shelter?		Yes	No	
If yes, please specify why				
Please tell us why you want a dog and why you are interested in a rescue dog?				
Please tell us a little of your lifestyle, your family including any special activities in which your dog would be included. (If you have any requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle)				
When you move what will you do with your dog?				
Are you required to travel for work and if so who will take care of the dog while you are away?				
Do you understand the state and local ordinances concerning licensing and leashing?		Yes	No	
Have you, or any member of your family or household ever been cited for leash law violations or cruelty to animals in the past?		Yes	No	
If YES please specify:				
When you go on vacation whom will care for your dog and where will it be care for?				
Have you applied for a dog to any other rescue groups and if so, which ones?		Yes	No	If yes, Which one?

Please provide the full name, City, State, and phone number (very important) of 3 (three) References: (Do not list relatives)

Name		Phone	
City		State & Zip	

Name		Phone	
City		State & Zip	
Name		Phone	
City		State & Zip	
Please provide us with any social media pages (i.e. Facebook, Instagram) you may have:			
Facebook:		Instagram:	
I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/we understand that completion and submission of this application does not guarantee adoption of a dog. Typed name below and submission by email will serve as your signature agreement and meets the E-SIGN criteria for a legal electronic signature			
Applicant's Signature		Date:	
Co-applicant's Signature		Date:	

Don't forget to call your Veterinarian to give us permission to do a Vet reference check.

The Adoption Fee helps cover expenses for all the dogs while in the rescue program including transport, vet checks, microchip, vaccines, heartworm testing, heartworm treatment, fecal testing, illness, broken bodies, spay/neuter as well as any other necessary veterinary care, medications and training to prepare the dog for a successful adoption.

***INSTRUCTIONS: Please email the completed application to the following email address:
LeicasPaws2014@gmail.com***