



LEICA'S "SAVING PAWS" RESCUE, INC

IRC Sec. 501(c)(3)- Exempt [Org.Org](#)

darkrain1234@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?	
Income Source	Employed		Retired	Disability
If employed, How long at current job				
Employer's name				
Your Occupation?				

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 of residence		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?	Yes No	Type of fence ?	
		Height of fence:	
Where will your new dog be kept during the day? Be specific: crate, room, outside, garage, etc.			
Where will your new dog be kept during the night? Be specific: crate, room, outside, garage, etc.			
Where will your new dog be kept when you are not home? Be specific: crate, room, outside, garage, etc.			
How many hours during the average day will your pet be alone, without a human?			
<p>How do you plan to provide exercise? check all that apply)*</p> <p><input type="checkbox"/> Leash walk</p> <p><input type="checkbox"/> Zip or cable line</p> <p><input type="checkbox"/> Fenced yard</p> <p><input type="checkbox"/> Dog park</p> <p><input type="checkbox"/> Free to roam</p> <p><input type="checkbox"/> Supervised in unfenced area</p> <p>How long will your dog be OUTSIDE alone? Under what circumstances? While at work? On errands? Doctor appts? Shopping? *</p> <input data-bbox="110 863 654 947" type="text"/>		<p>If the dog has or develops a bad habit, what will you do about it? *</p> <p><input type="checkbox"/> Seek assistance?</p> <p><input type="checkbox"/> Hire a trainer/behaviorist?</p> <p><input type="checkbox"/> Give the dog to someone else?</p> <p><input type="checkbox"/> Give the dog back to the rescue?</p> <p><input type="checkbox"/> Take the dog to a shelter?</p> <p>In the event you/someone in your home was unable to care for your adopted pet, who would be responsible for the animal's future needs? Will they put it in writing to us? *</p> <input data-bbox="683 911 1479 947" type="text"/>	

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:

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:
darkrain1234@gmail.com