

**CANINE SOULMATES RESCUE  
PRE-ADOPTION APPLICATION**

**PERSONAL INFORMATION**

Name:		Email:	
Phone:	Mobile:	Work:	
Address:			
City:		State:	ZIP Code:

Name:		Email:	
Phone:	Mobile:	Email:	

**REFERENCES**

Name:		Phone:
Name:		Phone:
Name:		Phone:

**VETERANARIAN**

Name:	
Phone:	Fax:

What are you looking for in a pet?
How long have you been at your present address?
How many adults live in your home?
Are there children that spend a good deal of time at your house? ( ) Yes ( ) No If yes, what are their ages?
Who will be responsible for the dog?
What kind of area do you live in? ( ) City ( ) Suburb ( ) Rural
How many animals are you allowed to have on your property per the city of your residence?
How do you feel about crating a dog? ( ) Approve ( ) Disapprove ( ) Don't know

Do you want the dog for yourself, or is it for a gift? ( ) For me personally ( ) Gift for other person
Have you ever had a cat or a dog? ( ) Yes ( ) No
Are you or your spouse a student or active military? ( ) Yes ( ) No
Do you live in an apartment, house, mobile home, or condo? ( ) Apartment ( ) House ( ) Mobile home ( ) Condo
Do you own or rent your residence? ( ) Own ( ) Rent If you rent, will your landlord give you written permission to have a dog? ( ) Yes ( ) No Can you provide the landlord's written permission that you can keep a dog (or dogs) on the premises? ( ) Yes ( ) No

Do you have a cat or dog now? ( ) Yes ( ) No If yes, what kind and how many?
How long have you had your current pet? ( ) 0-3 years ( ) 3-6 years ( ) 6+ years
What size is your dog in relation to the one you are interested in adopting? ( ) Same ( ) Larger/Smaller
What sex is your dog? ( ) Same sex as dog you are interested in ( ) Different sex than yours

**Dog Name:**

**CSR ID:**

What kind of personality does your dog have? <input type="checkbox"/> Dominate/Aggressive <input type="checkbox"/> Docile/Easy-Going	
Have you had any pets prior to the one(s) you own now? <input type="checkbox"/> Yes- Go to the next section <input type="checkbox"/> No – Skip the next section	
How long did you have your pet? <input type="checkbox"/> 0-3 years <input type="checkbox"/> 4-6 years <input type="checkbox"/> 7+years	
What happened to your pet? <input type="checkbox"/> Got rid of it (choose all that apply) <input type="checkbox"/> Unavoidable <input type="checkbox"/> Owner Inconvenience <input type="checkbox"/> Adopted out with fee <input type="checkbox"/> To trusted friend or family <input type="checkbox"/> To pound <input type="checkbox"/> "Free to Good Home" <input type="checkbox"/> Died of health problem Was the animal treated by a vet for this problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ran away <input type="checkbox"/> Killed in traffic <input type="checkbox"/> Poisoned/Shot Do you live in the same residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is (was) your pet(s) up-to-date on their vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is (was) the pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interesting in breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you think that an animal should have at least one litter before being fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this dog be primarily an indoor or outdoor pet? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Where will the dog be kept when you are away from your home? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
What is the longest period of time that the dog would be left unattended? <input type="checkbox"/> 0-8 hours <input type="checkbox"/> Up to 9 hours <input type="checkbox"/> Over 9 hours	
Do you have a fenced-in yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the fence height? <input type="checkbox"/> 4' and under <input type="checkbox"/> 5' and over What is the gate height? <input type="checkbox"/> 4' and under <input type="checkbox"/> 5' and over	
If you moved, what would you do with the dog? <input type="checkbox"/> Take the dog with me <input type="checkbox"/> I'd have to find it a home	
Does everyone in your household want an adopted dog? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Person	
May a representative of Canine Soulmates Rescue visit your home to see how and where the animal will be living? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURES	
Date:	Date:

**Dog Name:****CSR ID:**