



Main Office 954.435.9505
Rescue Division 954.551.9045
Facsimile 954.241.5031
Email: info@pupeez.com

Adoption Application, Page 1 of 13

ADOPTION APPLICATION

NOTE: Please read through the entire application first to familiarize yourself with what information is being requested, and where to enter it. This will help prevent repetition. Please answer every question, even with N/A (“not applicable”), when appropriate. Incomplete applications will hold up the process, and may be automatically rejected.

Thank you for your enthusiasm in opening your heart and home to our very special rescues!

Basic Information

Applicant First and Middle Name:

Applicant Last Name and Suffix:

Co-Applicant First and Middle Name:

Co-Applicant Last Name and Suffix:

Relationship of Co-Applicant to Applicant: ___Spouse/Partner ___Other_____ (Co-Applicant must live at the same address as Applicant)

Permanent Street Address (No P.O. Boxes):

City:

State:

Zip Code:

How long have you lived at this address?

Seasonal or 2nd Home Street Address (No P.O. Boxes):

City:

State:

Zip Code:

Home Phone 1:

Home Phone 2:

Cell Phone, Applicant:

Email, Applicant:

Work Phone, Applicant:

Usual Work Hours, Applicant:

Applicant Driver's License # and State:



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- Cell Phone, Co-Applicant:
- Email, Co-Applicant:
- Work Phone, Co-Applicant:
- Usual Work Hours, Co-Applicant:
- Co-Applicant's Driver's License # and State:

What is the best time to contact you?

Is there a time we should NOT try to contact you?

Please list any other Rescue(s) and/or Shelter(s) that you have recently applied to, or are in the process of applying to:

Have you ever applied to Pup-Eez Rescue before? Yes No

- If YES, what was the result?
- Application was approved, but I did not adopt
 - Application was approved and I adopted from Pup-Eez
 - Application was denied
 - Application was placed on hold
 - I withdrew my application

Month / Year you last applied to adopt from Pup-Eez /

Household Information

List all ADULT FAMILY members who currently reside in the household, INCLUDING YOURSELF:

- | | | | |
|----|-------|------|-------------|
| 1. | Name: | Age: | Occupation: |
| 2. | Name: | Age: | Occupation: |
| 3. | Name: | Age: | Occupation: |
| 4. | Name: | Age: | Occupation: |

List all other adults (NON-FAMILY) who reside in you household and their relationship to you:

- | | | | |
|----|-------|------|---------------|
| 1. | Name: | Age: | Relationship: |
| 2. | Name: | Age: | Relationship: |
| 3. | Name: | Age: | Relationship: |
| 4. | Name: | Age: | Relationship: |



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List all RESIDENT CHILDREN under 18 years of age and their relationship to you:

- | | | | |
|----|-------|------|---------------|
| 1. | Name: | Age: | Relationship: |
| 2. | Name: | Age: | Relationship: |
| 3. | Name: | Age: | Relationship: |
| 4. | Name: | Age: | Relationship: |

List OTHER CHILDREN under 18 years of age who VISIT FREQUENTLY:

- | | | | |
|----|----------------------------|------|---------------|
| 1. | Name: | Age: | Relationship: |
| | Frequency of Visits: | | |
| | Typical Duration of Visit: | | |
| 2. | Name: | Age: | Relationship: |
| | Frequency of Visits: | | |
| | Typical Duration of Visit: | | |
| 3. | Name: | Age: | Relationship: |
| | Frequency of Visits: | | |
| | Typical Duration of Visit: | | |
| 4. | Name: | Age: | Relationship: |
| | Frequency of Visits: | | |
| | Typical Duration of Visit: | | |

List the hobbies and activities in which you and your family participate:

In which of the above activities, if any, do you intend for your dog to accompany you?

What energy level would you prefer your dog to have?

Mellow Sofa Buddy Energetic Somewhere in between

Do any members of your household have allergies or asthma? Yes No

If YES, list the members and describe their reactions to animals:

If any members of your household have special needs (i.e., blind, deaf, disabled, arthritic, autistic, etc.), list the members and describe their special need(s), relative to caring for a dog:



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For whom are you adopting the dog? Myself My Spouse/Partner My Child
 Other: _____

Does everyone in your household know that you are applying for a rescue dog and do they all agree to owning a dog? Yes No

If NO, please explain:

Do any household members smoke? Yes No

In your home, do you ever use moth balls/cakes? Yes No

Pet Ownership

Are you interested in adopting a Male Only Female Only No Preference

If known, name or describe the specific dog(s) you are applying for:

Why are you interested in adopting this particular dog(s)?

What do you think are the most important responsibilities of dog ownership?

What is the ONE most important factor you are seeking in a dog?

What specific traits/characteristics are you looking for in a dog that would make him/her a perfect match for your home?

For each dog, how much money do you expect to spend per year to feed, train, groom, provide regular and preventative veterinary & dental care, monthly flea/tick & heartworm prevention, toys, bedding, treats, chews, leashes, collars, city/county fees? (In U.S. dollars, please)

What would you do if your dog was injured or became ill and your veterinarian told you treatment would cost \$2,000 - \$3,000?



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Current Pets

List ALL of your current pets:

1. Name: _____ Species (Dog, Cat, etc.): _____ Age: _____
____Male ____Female Spayed/Neutered? ____Yes ____No
Breed(s): _____
Current health including any ailments (BE SPECIFIC): _____

2. Name: _____ Species (Dog, Cat, etc.): _____ Age: _____
____Male ____Female Spayed/Neutered? ____Yes ____No
Breed(s): _____
Current health including any ailments (BE SPECIFIC): _____

3. Name: _____ Species (Dog, Cat, etc.): _____ Age: _____
____Male ____Female Spayed/Neutered? ____Yes ____No
Breed(s): _____
Current health including any ailments (BE SPECIFIC): _____

4. Name: _____ Species (Dog, Cat, etc.): _____ Age: _____
____Male ____Female Spayed/Neutered? ____Yes ____No
Breed(s): _____
Current health including any ailments (BE SPECIFIC): _____

5. Name: _____ Species (Dog, Cat, etc.): _____ Age: _____
____Male ____Female Spayed/Neutered? ____Yes ____No
Breed(s): _____
Current health including any ailments (BE SPECIFIC): _____



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Describe the temperament of each DOG you currently own:

- 1. Name: __Alpha __Submissive __Docile __Active __Aggressive
- 2. Name: __Alpha __Submissive __Docile __Active __Aggressive
- 3. Name: __Alpha __Submissive __Docile __Active __Aggressive
- 4. Name: __Alpha __Submissive __Docile __Active __Aggressive

Former Pets

Have you ever previously owned other dogs or cats? ___Yes ___No

How many dogs have you owned in the past 15 years?

If you do not presently have a pet, how long has it been since you've had a pet in your home to live (not just visit)?

Describe the pets that are no longer with you. List the breed or type, age, and why they are no longer with you. BE SPECIFIC (if they passed away, tell how):

What research, if any, have you done on the breed (or mix of breeds) of dog you are applying for?

Do you understand that all dogs will be spayed/neutered prior to adoption? ___Yes ___No

Your Home

In what type of home do you live?

- ___Single-family house ___Townhome ___Duplex ___Apartment
- ___Condominium/Co-op ___Cabin ___Mobile home ___Farm/Ranch
- ___Other _____

Is your house a ___Single Story ___2-Story

___Other _____



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If you live in a Condo or Apartment, do you live on the ground floor or an upper level?

Ground Floor Upper Level

Do you have any balconies? Yes No

Do you have any decks? Yes No

If so, describe the type of balcony/deck and height/type of railing:

Describe, in detail, any stairs that you have in your home or leading to it:

Describe the size of your house. Include the square footage and the number of rooms:

What areas/rooms of your house are carpeted?

Do you own or rent your home? Own Rent

If you RENT, provide the following information so we can confirm that dogs are allowed:

Landlord's Name _____ Phone _____

Street Address _____

City _____ State _____ Zip Code _____

If you OWN, do you have a condominium or homeowners' association?

Condo Assn. Homeowners' Assn. No Association Other _____

If there is an association, provide the following information so we can confirm dogs are allowed:

Name of Complex/Building/Association _____

Management Company or Assn. President Name _____

Company Address _____ Phone _____

City _____ State _____ Zip Code _____



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Outdoors

Describe the general area your home is located in:

Downtown, Urban Setting Suburban, Business/Shopping Area
 Suburban, Private Community Suburban, Sparsely Populated
 Rural, Farm/Ranch Area Beachfront Other _____

Describe the street your home is located on:

A main roadway, very busy A main roadway, somewhat busy
 A main roadway, rural Private rural road Secondary roadway
 Private road inside a community Other _____

Does your home have any of the following? Yard Open Patio Screened Porch
 Pool Hot Tub/Spa Direct Access to Any Body of Water

If you have a pool, spa, and/or body of water, how will access be restricted from your dog?

If you have a yard, what size is it?

If you have a yard, is it securely fenced? Yes No

If yard is fenced, describe the materials & height of fence, and size of fenced yard area:

If you do not have a secure fence, describe how you plan to keep your dog from roaming off of your property:

Do you have or plan to install a doggy door?

Already have Plan to have Do not plan to have

Do you have or plan to install electric (hidden/underground) fencing?

Already have Plan to have Do not plan to have

Do you understand and agree that your dog should NEVER be left off-leash outside for even a moment UNLESS it is inside a securely fenced area? Yes No



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Caring for Your New Rescue Dog

Where will the dog be kept during the day?

INDOORS: Loose Crated Garage

One Room: _____ Other _____

OUTDOORS: Loose Fenced Yard Tied Up Kennel Run

Porch Other _____

Who will be responsible for feeding, housebreaking/training?

Myself My Spouse/Co-Applicant My Child Other _____

Are you planning to take your dog for obedience lessons if necessary? Yes No

Is anyone at home during the day? Yes No

If so, who is home and what will their responsibilities be with the dog?

Describe the exercise/activity schedule you will have for your dog:

How many hours a day will the dog be left INSIDE unattended?

Less than 1 1 to 2 3 to 4 5 to 6 7 to 9 More than 9

How many hours a day will the dog be left OUTSIDE unattended?

Less than 1 1 to 2 3 to 4 5 to 6 7 to 9 More than 9

How frequently will the adults be away from home on business trips, vacations, or other activities?

When you are away on trips, where will the dog be kept/cared for?

Home, friend/family/neighbor comes over Home, pet sitting service comes in

Board at a dog kennel or vet's office Family or friend keeps at their home

Professional pet sitter keeps at their home

Other _____



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Do you live in a mandatory hurricane evacuation zone? Yes No

If YES, what arrangements will you make for your dog?

After the dog has been adequately house-trained, where will it sleep at night?

What do you intend to feed the dog? (BE SPECIFIC)

Would you consider adopting a dog that is not yet housebroken? Yes No

If YES, how will you housebreak the dog? (PROVIDE DETAILS)

What behavior would cause you to give up your dog?

Do you agree to keep the dog microchipped with up-to-date contact info, in addition to wearing an id tag with your name and phone number on the dog AT ALL TIMES? Yes No

Do you agree to comply with ALL applicable city/town, county, state, and federal laws as they relate or pertain to the licensing, care, treatment, and responsibility of dog ownership?
 Yes No

Do you agree to contact Pup-Eez/Heidi Jones if you can no longer keep this dog?
 Yes No

Are you willing to provide a crate for your rescue dog to help during the transition period?
 Yes No

Please tell us anything else we should know about you, your family, or your home, as it relates to the adoption of a rescue dog or the type of environment and lifestyle you would provide for a dog:



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References

NEAREST RELATIVE NOT LIVING WITH YOU

Name:

Home Address:

Home Phone:

Cell Phone:

Email:

Relationship:

VETERINARY REFERENCE

Current Vet Previous Vet Not Yet Used

Name of Practice:

Address:

Phone:

Name of Veterinarian usually seen:

Names of the pets you have had treated here:

PERSONAL REFERENCE #1 (NON-FAMILY)

Name:

Home Address:

Home Phone:

Cell Phone:

Email:

Relationship:

Years Known:



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PERSONAL REFERENCE #2 (NON-FAMILY)

Name:

Home Address:

Home Phone:

Cell Phone:

Email:

Relationship:

Years Known:

PERSONAL REFERENCE #3 (NON-FAMILY)

Name:

Home Address:

Home Phone:

Cell Phone:

Email:

Relationship:

Years Known:



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Statement By Applicant(s)

By signing and submitting this application, I/we give Pup-Eez/Heidi Jones permission to contact all of my/our listed references, including my/our veterinarian(s), landlord, condominium and/or homeowners' association, to determine responsible pet ownership.

I/We understand my/our signature(s) will be required on a separate formal Adoption Contract prior to adopting any rescue dog. I/We will also provide proof of being of legal age in my/our state to sign contracts and understand that photo ID with my/our current address will be required prior to adoption.

Further, I/we acknowledge that Pup-Eez/Heidi Jones may, in its/her sole discretion, determine that a rescue will not be approved for adoption by me or my/our family. I/We understand adoption is a multi-step process and additional information may be requested from me/us.

I/We understand that a safety inspection of my/our home (with all family members present) by a rescue representative is required prior to adoption.

I/We affirm that the information that I/we have provided on this form is the truth to the best of my/our knowledge and belief. I/We hereby give permission to Pup-Eez/Heidi Jones to use any of the above information to confirm that this rescue application is deemed to be correct. I/We hereby certify that I/we have not been convicted or otherwise been found guilty by any governmental authority of animal cruelty, neglect, or abandonment, or of failing to provide adequate shelter and/or care to an animal.

Signed and acknowledged by:

Applicant

Date

Co-Applicant

Date