

# Janet's Rescues & Placements

P.O. Box 6057

Woodbridge, VA 22195

Telephone: (703) 580-5082

[www.janetsrescues.petfinder.org](http://www.janetsrescues.petfinder.org)

[janetsrescues@comcast.net](mailto:janetsrescues@comcast.net)

## DOG/PUPPY ADOPTION APPLICATION

Date: \_\_\_\_\_

**REQUIRED: Our Current Name/Breed or Description of Dog/Puppy:**

---

Thank you for your interest in our pets. Please read the following information regarding our adoption guidelines and procedures. You will be asked to sign a legal contract when adopting your pet.

**!!!!!!! PRIOR TO COMPLETING THE APPLICATION, PLEASE READ THESE REQUIREMENTS IF YOU DISAGREE WITH ANY PROVISION SET FORTH, PLEASE DO NOT PROCEED:**

**Please understand, we will not place a pet into a home if any of the following apply:**

- The prospective home currently has an **un-altered** pet.
- The pet will be left outdoors unattended for any length of time.
- The pet is intended as a gift.

There is any intention to cosmetically alter the pet in any way, i.e., docking tails, cropping ears and any other surgical procedure that is not deemed necessary by a qualified veterinarian.

Once placed, Janet's Rescues & Placements reserve the right to:

- Check on the pet any time to ensure its well-being.
- Remove the pet from the home if any conditions of the adoption contract have been violated or, if the environment is unsafe.
- **PLEASE NOTE THAT IT IS REQUIRED that at any time you find that you can not keep your adopted dog/puppy, you must return him/her to Janet's Rescues & Placements and NOT to any other individual or shelter. Should you adopt two (2) dogs/puppies, it may be required that both must be returned. Failure to do so will be considered a breach of contract.**

**Please initial here to indicate your promise to comply with this requirement.** \_\_\_\_\_

This form and a consultation with an adoption counselor are designed to help you find the dog/puppy most compatible with your lifestyle. Completion of this application does not guarantee adoption of a dog/puppy. Please complete the following questions completely to the best of your knowledge. *In order to be considered as an adopter you must:*

- **Be 21 years of age or older & have a valid Identification.**
- **Own your own home or have the knowledge and consent of your landlord AND PROVIDE A COPY OF YOUR LEASE INDICATING THE ALLOWANCE.**
- **Be willing and able to provide the proper training & medical treatment for the dog/puppy.**

**Payment of the adoption donation can be made by cash or checks. Checks will only be accepted from Virginia residents only.**

*Janet's Rescues & Placements*



**PLEASE PRINT LEGIBLY AND APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED:**

Name: \_\_\_\_\_  
(Please name all members of the family)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Answering Machine? \_\_\_\_\_

Best time to call: \_\_\_\_\_ How late may we call you? \_\_\_\_\_

Work No: \_\_\_\_\_ Cell: \_\_\_\_\_ Do you have voice mail? \_\_\_\_\_

Cell: \_\_\_\_\_ Voice Mail? \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Note: If you only have a cell phone number, you must supply a family member's name and alternate phone number** \_\_\_\_\_

Occupation (Adopter #1): \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation (Adopter #2): \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**IF MILITARY:** Please state branch of service; how long are you stationed in VA and when and where, in all probability, is your next transfer: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_ Number of Children: \_\_\_\_ Ages of Children: \_\_\_\_\_

If there are no children in the household, do any children visit on a regular basis? \_\_\_\_\_

Is there anyone in the household that is expecting a child? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are all the adults in the household aware that you are adopting a dog/puppy? \_\_\_\_\_

How "busy" or loud is your household? On a range of 1 to 5, 5 being the busiest/loudest: 1 2 3 4 5

Who will have primary responsibility for this pet and state the age: \_\_\_\_\_

**Does anyone in the household have pet allergies?** \_\_\_\_\_

Who is/or will be your veterinarian? \_\_\_\_\_

City/State: \_\_\_\_\_ Phone #: \_\_\_\_\_ Would you like a referral? \_\_\_\_\_

**RESIDENCE TYPE:** \_\_\_\_ Single Family; \_\_\_\_ Townhouse; \_\_\_\_ Mobile; \_\_\_\_ Apartment; \_\_\_\_ Condo

Do you allow your animals on your furniture? Yes \_\_\_\_ No \_\_\_\_

Do you have a fence in good repair? \_\_\_\_\_ If so, how high: \_\_\_\_\_

Invisible Fence? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

If you rent, please provide name and phone number of the landlord and state whether you have obtained permission to have a pet and whether you have a weight limitation: **Please note that you must furnish a copy of your lease.**

\_\_\_\_\_  
(name of landlord)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(weight limitation)

How many months/years have you lived at this address? \_\_\_\_\_ If less than 2 years, please furnish last address and state the number of months/years at this address. \_\_\_\_\_

Is this your first dog/puppy? \_\_\_\_\_

Why do you want a dog/puppy at this time? \_\_\_\_\_

Why did you choose this particular dog/puppy? \_\_\_\_\_

Are you familiar with this breed? \_\_\_\_\_

If you are applying for a long-hair breed such as a Pomeranian or Pekingese, would you have his or her coat shaved or cut short. If so, why: \_\_\_\_\_

Would you dock a puppy's tail, crop ears or have dew claws cut out? If so, why: \_\_\_\_\_

Do you understand that if this a mixed breed puppy, there is no way to guarantee the size or weight of the dog will be once full-grown? \_\_\_\_\_ Do you have a weight/size preference? \_\_\_\_\_

Are you looking for a primarily inside dog? \_\_\_\_\_ or primarily outside dog? \_\_\_\_\_

Will the dog be tied out in the yard all day/night? \_\_\_\_\_ Will it ride in the back of a pick-up truck? \_\_\_\_\_

What is your daily schedule? Do you have a schedule conducive to pet ownership? \_\_\_\_\_

How many hours a day will the dog/puppy be left alone? \_\_\_\_\_

Where will the dog/puppy be kept when alone? \_\_\_\_\_

If confined to a room, which room? \_\_\_\_\_

Where will the dog/puppy be kept when you are home? \_\_\_\_\_

Where will the dog/puppy sleep at night? \_\_\_\_\_

How often and what kind of exercise will you give your dog/puppy? \_\_\_\_\_

Have you ever given away, sold or surrendered an animal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom and what were the circumstances? \_\_\_\_\_

Please list the animals you **currently** have:

Type (dog/cat)	Breed	Sex	Age	Spayed/Neutered?	Current on Vaccinations?	Kept where?

Please list the animals you have had **in the past**:

Type	Breed	Sex	Age	Spayed/Neutered?	Where is the Animal now?	How long did you have pet?

What brand of dog food are you presently feeding your current pets? \_\_\_\_\_  
 If you don't have a pet now, what have you fed your previous pets? \_\_\_\_\_  
 Do you know how heartworms are transmitted to dogs and cats? \_\_\_\_\_ If yes, how? \_\_\_\_\_  
 What Heartworm preventative have you given your pets? \_\_\_\_\_  
 What Flea & Tick treatment have you given your pets? \_\_\_\_\_

Will you have this animal spayed/neutered (if not already done): \_\_\_\_\_  
**\*\*PLEASE NOTE: If you are adopting a puppy, we will set a date by which the puppy MUST be spayed/neutered...TO INSURE THIS IS DONE WE MAKE A MONTHLY "RUN" TO A LOW COST CLINIC at which time you will be required to pay \$75.00 for the procedure, and \$40.00 for microchipping. UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE, WE OVERSEE ALL SPAY/NEUTERS. ARE YOU IN AGREEMENT WITH THIS PROVISIONS \_\_\_\_ YES \_\_\_\_ NO**

What method of training /discipline will you use? \_\_\_\_\_  
 How were your earlier pet's trained/disciplined? \_\_\_\_\_  
 In some cases/breeds, we may require formal training with a qualified dog trainer. Would you be willing to enroll this dog/puppy in a formal training class? \_\_\_\_\_  
 Some animals are either not housetrained, or, when introduced to new surroundings (stressed) will have some training issues. Are you prepared to deal with this? \_\_\_\_\_  
 How will you correct him/her if an accident occurs? \_\_\_\_\_  
 What method do you intend to use for housetraining? \_\_\_\_\_

How long do you think it takes to train a dog/puppy? \_\_\_\_\_  
 When you go on vacation or travel, who will care for this dog/puppy? \_\_\_\_\_  
 If you move, what will happen to this pet? \_\_\_\_\_  
 Under what circumstances would you return this dog/puppy to us? \_\_\_\_\_

**If you decide that you no longer want this pet, do you agree to return him/her to JANET'S RESCUES AND PLACEMENTS?** \_\_\_\_\_

How much do you think it costs ANNUALLY to own a dog? \_\_\_\_\_  
 How much are you willing to spend on medical bills for this dog/puppy? \_\_\_\_\_  
 What would you do if it goes over this amount? \_\_\_\_\_  
 Do you realize that dogs can have a life span of 12-16 years? \_\_\_\_\_  
 Are you willing to commit to this pet for its entire lifetime? \_\_\_\_\_

What provisions will you make for the dog/puppy should you become unable to care for it?

---

Have you ever applied to adopt an animal from a Rescue Organization, SPCA, Animal Shelter or Humane Society before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Results: \_\_\_\_\_  
Are you willing to allow a representative of Janet's Rescues & Placements visit where the dog/puppy will be living? \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

.....

**CERTIFICATION OF UNDERSTANDING**

I certify that the information above is true and understand that false information will result in nullification and repossession of this adoption. I further understand that should repossession be required you will be held responsible for any and all court costs/attorney's fees and other expenses related to this process. Finally, AND MOST IMPORTANT, by signing both the application and contract you agree that in the event you are unable to keep this adopted pet, you **AGREE TO RETURN HIM/HER TO JANET'S RESCUES AND CANNOT BE TRANSFERRED TO ANY OTHER INDIVIDUAL OR SHELTER.**

Prospective Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Adopter Name: \_\_\_\_\_

Co-Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Adopter Name: \_\_\_\_\_

**WOULD YOU BE INTERESTED IN BECOMING A FOSTER FAMILY FOR A HOMELESS DOG OR PUPPIES?** \_\_\_\_\_