

Angels Left Behind Rescue

Please copy and complete the application.

Email it to us at: angelsleftbehind@yahoo.com

Fees may vary slightly on certain dogs at our discretion.

These fees help defray the veterinary costs incurred for spay/neuter, immunizations, heart worm testing and prevention and other medical needs required by other dogs just like the one you are adopting. More often than we like, the vet fees exceed the adoption fees. Thank you for understanding our mission.

Name(s):

Address:

City:

State:

Zip Code:

Phone (H)

Phone (C)

Best time to call: Morning ___ Afternoon ___ Evening ___

Email:

1. Why do you want to adopt a dog?
2. What do you think are the most important responsibilities in owning a dog?
3. For whom are you adopting the dog?
4. Does everyone in your household know that you are applying for a dog and does every member of your household want a dog?
5. Have you ever owned a pet before?
6. Please describe those pets that are currently with you (type, age, sex, altered status):
7. Please describe those pets that are no longer with you (type, sex)
8. Why are the pets no longer with you?
9. How many people reside in your household? ___ Name & age of each:
10. Please provide the name and phone number of the veterinarian for your pets. If you've had pets in the past, please list the info for the vet that cared for your past pets. If you do not currently have a pet, please provide the information about the vet that you will be using if you adopt a dog.
11. Who will be responsible for feeding, housebreaking / training?

12. Do you own or rent your residence?
13. If you rent, please provide the name, address and phone number of your landlord.
14. What type of home do you live in? (Condo, single family dwelling, apartment, etc.?)
15. Is your yard fenced? ____ Please describe the fence.
16. What portion of the yard is fenced?
17. If you have no fence, how do you plan to keep your dog at home?
18. Where will the dog stay during the day?
19. How much time will the dog spend outside?
20. Will anyone be home during the day? (If so, who?) _____
21. How frequently will the adults be gone away from home on business/vacation/trips?
22. When you are on vacation, where will the dog be kept? ____ Home, someone comes over to feed ____ pet sitting service ____ will board dog at kennel ____ other ____ (specify)
23. Where will the dog sleep every night?
24. What do you intend to feed the dog and what feeding schedule will you use?
25. How will you housebreak the dog (details please)?
26. How many hours a day will the dog be left unattended?
27. Please list any preference you have in adopting a dog (age, sex, personality). If you have seen a dog on our web site or at an adoption event who interests you, this would be the place to include that dog's name.
 ____ Up to 5 years ____ 5 years or older ____ Special needs
 ____ Male ____ Female ____ No Preference
 ____ up to 6 lbs. ____ up to 10 lbs ____ 10 lbs or over
 ____ No Preference
- Please list any other specifics that would help us locate a dog for you:
28. How many dogs have you owned in the past 10 years?
29. Do you understand that ALB requires this dog to be spayed or neutered?
*Please note: If you are looking for an un-altered pet, ALB will **not** be able to place a dog with you.*
30. Will you keep the dog licensed, and have an ID (other than the license) on the dog at all times?

31. Do you agree to contact ALB if you can no longer keep this dog?

32. Will you allow a representative of ALB to visit your home? ____ If not, why?

33. Do you understand that an adoption fee is required for each dog?

34. Where did you hear about us?

References: (Two required in addition to your veterinarian information already listed above)

Name:

Address:

Phone:

Name:

Address:

Phone:

I represent that the information that I have provided on this form is the truth to the best of my knowledge and belief, and hereby give my permission for you to use any of the above information to confirm that all information provided is the truth. This means you give us your permission to call references and that you allow us to contact your vet and that you hereby give consent for your vet to release the information in your current/past pet's health files to us.

Thank you very much for contacting Angels Left Behind Rescue. We will get back to you very soon once our board has reviewed your application.

Print your name here:

Signed:

Date:

Rescue Representative Reviewing
Application:

Date: