

TEDDY'S RESCUE
12409 CR 99
FINDLAY, OH 45840



PHONE: (419)429-8888
FAX: (419)429-8465

ADOPTION APPLICATION – DOG

Date: _____ Name of Dog Desired: _____

APPLICANT INFORMATION

NAME: _____ Date of Birth: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Number of People in House _____ Age of Children: _____

Employed: Yes No Name of Employer: _____

CO-APPLICANT INFORMATION

NAME: _____ Date of Birth: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Employed: Yes No Name of Employer: _____

GENERAL INFORMATION

Type of Residence (Please check one): House Apt. Condo Mobile Home Farm
 Other _____

Do you own your residence? Yes No If a rental, are animals allowed? Yes No

Complex Name: _____ Landlord's Name: _____

Phone: _____

Office only: Approved: _____ Date Ready for Home Visit: _____ Scheduled For: _____

NOT APPROVED: _____ REASON: _____

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Where will the dog live? Inside Outside Mostly Inside Mostly Outside

Do you have a fenced yard? Yes No If yes, how high? _____

Will the dog be allowed to run loose? Yes No If yes, where? _____

How many hours a day will dog be left alone? _____

Are you willing and able to pay veterinary costs of caring for your new dog? Yes No

How much time are you prepared to allow for the dog to adjust to your home? _____

CURRENT/ PAST PET INFORMATION

Have you had pets in the last five (5) years? Yes No If yes, please list below:

1. Name of pet: _____ Breed: _____ Years Owned: _____

Spayed/Neutered?: Yes No Lives/Lived: Inside Outside

Is the pet still living? Yes No If yes, where is the pet now? _____

2. Name of pet: _____ Breed: _____ Years Owned: _____

Spayed/Neutered?: Yes No Lives/Lived: Inside Outside

Is the pet still living? Yes No If yes, where is the pet now? _____

3. Name of pet: _____ Breed: _____ Years Owned: _____

Spayed/Neutered?: Yes No Lives/Lived: Inside Outside

Is the pet still living? Yes No If yes, where is the pet now? _____

4. Name of pet: _____ Breed: _____ Years Owned: _____

Spayed/Neutered?: Yes No Lives/Lived: Inside Outside

Is the pet still living? Yes No If yes, where is the pet now? _____

Name of Veterinarian used for pets listed above: _____ Phone: _____

Address: _____ City: _____ State: _____

Will the dog be on Heart Worm prevention? Yes No Flea Prevention? Yes No

PERSONAL REFERENCES

Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

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Phone: _____ Best time to contact: _____