

Thank you for being PAWSOME!



www.**START**rescue.org

CA, 91617 United States

START RESCUE ADOPTION APPLICATION FORM

We are volunteer based and **DO NOT HAVE A SHELTER LOCATION**.

Completed applications can be returned to this email address, and take "ruffly" 1-2 days to process. Once approved you will be contacted to schedule an appointment for the pet that wants to adopt you. The adoption fee is \$300 for adult dogs, \$400 for puppies and \$150 for cats/kittens. (For unfixed pets - This will be considered a foster until proof of spay/neuter is received.)

Please mark your answers clearly by using a bold font. We will not consider applications that are incomplete.

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* * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * * * * *
Name of DOG(s) you would like to be considered for		
Comments about why you would like to adopt this particular	r dog:	
START carefully screens each potential home to find the rigneeds; our goal is to make sure that the home they go to capermanent home for the dog. Our applications are not consuggested donation for each dog is based on their sociability the spay/neuter surgeries of the dogs we rescue; additional	an meet their needs, will be a g sidered first come, first served ty, their training, their health a	good personality match and has a high potential as l, but the best possible home for the dog. The nd their temperament. This donation helps us cove
Periodic home check must be agreed to and a legally binding	ng contract will be required to	adopt the animal.
Will you allow a START representative to visit your home	ne? Y / N	
Name of Applicant(s)		
Address		
City	State	Zip
Email:	preferred phone:	
Birthdate		
Who shares your household (mark all that apply): Spouse or Life Partner Roommate(s) Children? Y / N How many? How old?: At what age DO YOU FEEL children are responsible enoug		t assistance? (i.e. walk, feed, train)
Does anyone in your household have an allergy to anin	nals that you are aware of?	Y/N
Who is more the "dog person", you or your partner?		

Are you aware of the life expectancy of the breed of dog you are applying to adopt? Y / N Are you aware of the health problems common to this breed of dog? Y / N Are you aware of the grooming needs of this breed of dog? Y / N

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Your Occupation?		Hours spent at work each week?				
Employer?				phone		
Please provide a personal	reference that is	s not a member of	your immediate family:			
#1				phone		
#2				phone		
If your present relationship unable to keep the dog, an						
Do you plan to move or trave If yes, where, when and exp			Y / N			
Living Arrangements (circle	e your answer)	Apartment	Condo	House	;	
Homeowner	Rent or Lease, b	ut Landlord approve	es of pets			
Landlord's name			r	ohone		
ls someone home during t	he day? Y / N	How many ho	ours will your dog be left a	alone each day?		
Which of the following circumstances would force you to give understance or separation Out of state move Move where pets are not allowed or weight restrictions Barks incessantly and neighbors complaining about dog Dog nips at strangers Dog nips or bites children Marrying or dating someone with pet allergies Loss of bladder control Chronic illness developed by dog		Large veterinary expenses Dog is untrainable Dog is not the kind of dog I thought it would be Dog grew larger than anticipated Plans to have a baby Dog and current pets are incompatible None of the above applies Other reason, not noted				
Ownership History (mark o I have had dogs all my life (e		er)				
I have worked with animals,	know quite a bit a	about their behaviors	s and am looking for the	perfect compani	on (ready to own)	
I have always loved dogs, bu	ut have never ow	ned one (novice)				
How many dogs have you o	wned in the last 5	years?				
What happened to the other	dog[s]?					
Do you have other pets?			If so, ple	ase complete th	e following:	
Type of animal	bree	d	ger	nder	age	
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I am adopting a dog for the purpose of (circle all that apply):	
Family pet	Companion for another pet
Child's companion Gift for someone else	Protection/Guard Dog
Gilt for someone else	Assistive/Companion Dog
I am adopting a dog for the purpose of (circle all that apply):	
Family pet	Companion for another pet
Child's companion	Protection/Guard Dog
Gift for someone else	Assistive/Companion Dog
Is your yard completely fenced? Y / N	
Fencing type, height (include the lowest height of the fence)	
Amount of square feet of yard space available for the dog Is your yard shared with other tenants? Y /	
Which of the following is used to secure your gate? (Mark all that a Latch Keyed Lock Deadbolt I	
We do not lock our gate for the following reasons	
Do you have a gardener, housekeeper or pool cleaner? Y / N If yo	es, where is the dog kept while they are working?
Do you trust your workers not to let the dog run out? Y/N Where will your dog spend most of the day? (circle all that applindoors yard with dog house indoor/outdoor with doggie door Where will your dog sleep at night? (circle all that apply): indoors yard with dog house indoor/outdoor with doggie door	garage patio garage patio
Have you or would you be willing to train your dog in Obedien What sort of behavioral modifications do you know will be need	
What method do you intend to use to house train your dog? (conclusion of the state	circle all that apply): Crate training Consult professional
Take out every couple of flours until reliable	Consult professional
What form of discipline will you use if your dog chews on hou Swat nose	sehold items (circle all that apply): Spank firmly
Use a stern voice	No big deal to me
How will your dog get exercise?	
In which of the following situations would you allow your dog Public park Hike Beach	off leash? (circle all that apply) Front yard Back yard Dog park

Neighborhood walk

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When you go away, who will care for your dog? (circle all that apply) House Sitter Family or Friend's House Veterinarian Hospital Neighbor comes by to feed and water, doesn't stay over Boarding Kennel If your dog gets out, which of the following would you do? (circle all that apply) Check local shelters Flvers door to door Put up signs Wait for dog to return home Ads in local newspapers Are you prepared to cover any veterinary expenses your dog may incur through its lifetime? Y / N Is there a limit of money that would be too much to save your dog's life? Y / N How much is too much? (dollar figure) \$______ What is your general veterinary philosophy (mark only one): Within budget constraints Will purchase Pet Insurance If a great expense I would need assistance or would return the dog. Spare no expense Would you consider euthanizing a dog because of (mark all that apply): _____ medical costs? __ health suffering? ____ old age beyond life expectancy? behavioral concerns? What is a behavior that would not be acceptable to your family? I will agree to take the pet I have adopted to my veterinarian of choice WITHIN FIVE DAYS OF ADOPTION. If I find there is a medical condition I can choose to treat myself or return to **START** for further treatment.

Provide Veterinary Reference(s) here:

I have a history with (or intend to use):

phone

What arrangements will you make for your pet in the event of your disability or death:

Have you applied to adopt a dog from another Rescue Group or shelter? Y / N

If so, which one and what happened with your application?

I understand and agree that I must return my dog to START if I am no longer able to care for it. I understand that I may not take to an Animal Shelter, Humane Society or give away on my own unless prearranged through the adoption contract by addendum.

Will you return your dog to START if you can no longer care for it? Y / N

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE THE ADOPTION OF A START DOG. I AGREE THAT ALL OF THE ABOVE INFORMATION IS HONEST AND TRUE BY SIGNING BELOW.

Date of Application