

**Furry Suits Rescue**  
**P.O. Box 21**  
**Herndon, VA 20172**



[www.FurrySuitsRescue.org](http://www.FurrySuitsRescue.org)

## Dog/Puppy Adoption Application

Thank you very much for your interest in our rescue organization and our precious four legged guys and gals. Please read the application thoroughly and ask a volunteer to clarify any questions you feel are unclear.

Date of application \_\_\_\_\_ Name of dog you are interested in \_\_\_\_\_

Your name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse/other adult employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_

Name of Personal Reference (not family) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Are all the adults in the household aware that you are adopting a dog/puppy?  yes  no

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

Does anyone in the household have pet allergies or asthma?  yes  no If yes, who? \_\_\_\_\_

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

RESIDENCE TYPE: Single Family \_\_\_\_\_ TH \_\_\_\_\_ Mobile \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_

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

**If you rent**, does your lease allow animals?  yes  no Is there a weight limit? \_\_\_\_\_ Management company or landlord name and phone number \_\_\_\_\_

Is your yard fenced?  yes  no If yes, height \_\_\_\_\_ Type of fence: \_\_\_\_\_

If your yard is NOT fenced, are you willing to fence it in ?  yes  no

If No, what method of restraint do you intend to use? \_\_\_\_\_

Do you have a pool?  yes  no If yes, is it Above-ground \_\_\_\_\_ In-ground \_\_\_\_\_ Is there a fence around it?  yes  no

Will this dog be allowed outside unattended during the day/night?  yes  no

Do you have a doghouse or outside pen/kennel?  yes  no

Will this dog ride in the back of a pick-up truck?  yes  no

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

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

If confined in a room, which room? \_\_\_\_\_ If crated, in 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?  
\_\_\_\_\_

Are there times when your dog/puppy will be tied outside?  yes  no If yes, when? \_\_\_\_\_

Do you travel or relocate frequently?  yes  no If yes, please explain \_\_\_\_\_

What will you do with your dog/puppy if you have to move? \_\_\_\_\_

Please list the animals you currently have:

Name	Species	Age	M/F	Spayed/Neutered?	Vaccinations Up to Date?	Where is that animal now?
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

Please list the animals you have had in the past *as an adult*:

Name	Species	Age	M/F	Spayed/Neutered?	Vaccinations Up to Date?	Where is that animal now?
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

What heartworm preventative have you given your dogs? \_\_\_\_\_

What flea & tick treatment have you given your dogs? \_\_\_\_\_

Have you ever given away, sold or surrendered an animal?  yes  no

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

What method of training/discipline will you use?  
\_\_\_\_\_

How were your previous pets trained/disciplined?  
\_\_\_\_\_

Some animals are either not housetrained, or when introduced to new surroundings, or when stressed, or as an attention getter, will have housetraining issues. Are you prepared to deal with this?  yes  no

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 housetrain a dog/puppy? \_\_\_\_\_

Do you know how dogs get heartworm disease?  yes  no If yes, how? \_\_\_\_\_

Have you ever applied to adopt from a rescue organization, SPCA, animal shelter or Humane Society before?  yes  no

If yes, when? \_\_\_\_\_ Explain the outcome: \_\_\_\_\_

Are you willing to allow a representative of Furry Suits Rescue to visit where the dog/puppy will be living?  yes  no

Are you willing to allow a representative of Furry Suits Rescue to contact your personal veterinarian?  yes  no

If Yes, veterinarian name \_\_\_\_\_ Phone number \_\_\_\_\_



I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Approval: \_\_\_\_\_ Date: \_\_\_\_\_