



Daisy's Place Retriever Rescue

PO Box 20729

Charleston, SC 29413

Phone: 843-240-0174

E-mail completed form to:

melissa@daisysplace.org

Daisy's Place

ADOPTION APPLICATION

PERSONAL INFORMATION

Applicant's Name:		Applicant's Occupation:	
Co- Applicant's Name:		Work Phone:	
Address:		Cell Phone:	
City:		Applicant's Work Hours:	
State:		Applicant's Email:	
Zip:		Co- Applicant's Occupation:	
		Co-Applicants Work Phone:	
		Co-Applicants Cell Phone:	
		Co-Applicant's Work Hours:	
		Co-Applicant's Email:	
		And do you reside in:	
Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse	
How long have you lived at your present address?		Years:	Months:
If rental, name, address and phone number of landlord (written proof of permission is required):			
How many people reside at this address? Adults: Children: Children Ages:			
Does anyone in your household have allergies to animals? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
If yes, please explain:			

HOME ENVIRONMENT

Have you considered the full ramifications of taking a dog into your family for the rest of its life - - Through its illness and old age? Yes: No:

Have you considered the having a dog through its lifetime might, over time, require changes to your life, Including providing your dog with more frequent opportunities to eliminate, providing your dog with More padding in bedding as old sets in, or adjusting your routine to allow your dog to avoid stairs

Later in its life? Yes: No:

Please share your experience or question pertaining to the last two questions.

HOME ENVIRONMENT

If you move in the future, what will you do with your dog?

Do you have a fenced in yard? Yes: No:

If no or if not completely fenced in, how will you contain your dog to your property? (Be specific)

Where will you keep the dog when no one is home?

Where will you keep the dog during the night when you are sleeping?

How many average hours during the day do you expect the dog to be left alone?

Where will you keep the dog during the night when you are sleeping?

What will you do with the dog if you need to travel for personal or business reasons?

Do you plan to travel with your dog or have it boarded?

PET EXPERIENCE

TELL US WHY YOU WANT TO OWN A RETRIEVER:

What is your children's experience with dogs?

Plans for crate use: No Crate Reluctant To Crate Crate As Necessary

How much do you think it will cost to take care of your dog each (food, vet, care, license, toys, supplies, training)? \$

How do you plan on exercising the dog and for what length of time?

Are you willing to enroll the dog in obedience training classes?

What would be unacceptable behavior in your home for you to want to give up the dog?

PET EXPERIENCE

Have you ever owned a dog before? Yes No

Have you ever house trained a dog before? Yes No

Have you ever obedience trained a dog before? Yes No

Do you own any other animals? Yes No
(If yes list them below)

Name(s)	Type / Breed	Age	Sex Female / Male	Neutered / Spayed / Intact	Behavior with dogs	Any behavior issues with this animal?

Have you ever had a pet die early due to an accident, please give details:

TYPE OF RETRIEVER YOU'RE LOOKING FOR

SEX	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	No Preference: <input type="checkbox"/>	
COLOR	Black: <input type="checkbox"/>	Yellow: <input type="checkbox"/>	Chocolate: <input type="checkbox"/>	No Preference: <input type="checkbox"/>
AGE RANGE	6 to 8 years <input type="checkbox"/>	8 to 10 years <input type="checkbox"/>	10 years + <input type="checkbox"/>	

Would You Consider A Retriever mix? Yes: No:

Characteristics of the Retriever you hope to adopt:

Activity level?	High/Very Active <input type="checkbox"/>	Running, Swimming, Retrieving, Dog-dog Play
	Moderate <input type="checkbox"/>	Daily walks, Yard Play
	Couch Potato <input type="checkbox"/>	Happy with a leisurely stroll or visits in a fenced yard daily.

Any other qualities you are looking for in a Lab?

VETERINARY'S NAME (Must include if you have used one in the past.)

Name:							
Address:							
City:							
State:		Zip Code:		Phone:		Fax:	

REFERENCES (i.e. Veterinary, trainer, groomer, neighbor, another dog owner)

Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	

How did you hear about Daisy's Place?

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Family / Friend	<input type="checkbox"/>	Groomer / Trainer
<input type="checkbox"/>	Phone Book	<input type="checkbox"/>	Vet Office	<input type="checkbox"/>	Flyer
<input type="checkbox"/>	Newspaper Ad	<input type="checkbox"/>	Word Of Mouth	<input type="checkbox"/>	Other:

Are you willing to have a Daisy's Place representative visit your home by appointment to approve your application prior to adoption? Yes No

If no reason:	
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Applicants Signature

I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in the removal of the adopted dog from my home by **Daisy's Place Retriever Rescue**

Applicants Signature:	Date:
x	

Co-Applicants Signature:	Date:
x	

Thank you for your interest in adopting a 'daisy dog'!

