

Seaside Animal Rescue Application

Prospective Adopter / Foster Care Provider (circle one / both)

Today's Date: _____ Animal of Interest: _____ RDR Tag# _____

ABOUT YOU

1. YOUR Name _____ YOUR Age _____

2. Home Street address _____ Mailing address _____
City, State, Zip _____

3. Email addresses _____

4. Telephone numbers _____

5. Occupation _____ 6. Employer _____

7. Driver license or other permanent ID number _____

8. Please list two personal references that we may contact:
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

ABOUT YOUR HOME

9. How many TOTAL OTHER PEOPLE live in your household? _____
Please list their names, ages and relationship to you:

ABOUT YOUR HOME

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Please list their names, ages and relationship to you:

9. a. Is everyone in the household in favor of adopting or fostering a dog? YES NO
9.b. Does anyone in the household have pet allergies? YES NO

10. Describe your home House Condo Apartment Other _____
 Owner Renter Sub-let HOA member Co-op member Other _____
 Front door opens to street Front door opens into courtyard or entryway
 No Yard Unfenced Yard Partly Fenced Yard Completely fenced yard

FOR CONDO: Do HOA rules allow pets? _____ Any breed/size restrictions? _____

FOR RENTALS: Please attach Landlord's written permission or applicable rental agreement page(s).

11. Describe your yard: Small Medium Large Size _____ feet by _____ feet
Surface (grass, stone, etc.) _____
Height of fence _____ feet - made of? wood chain link brick other _____
Number of gates _____ Gates have locks? YES NO Gates open on streetside? YES NO

12. Who has access to your yard, besides you (for example, gardener, pool cleaner, children, utility, roommates, people in other units, other dogs, other pets?)

ABOUT YOUR EXPERIENCE WITH DOG(S)

If you currently have a dog:

13. How did you come to have the dog? _____
14. How old was the dog when you first met? _____ How old is the dog now? _____
15. How many TOTAL OTHER PETS live in your household? _____

For OTHER PETS, please answer the following for each pet:

Name Gender Breed-description Age Weight Neutered Y/N

16. How would you describe your level of experience with dogs? Never had a dog Childhood pet
Had one or more dogs as an adult
Experience with dogs less than 30 lbs 30-60 lbs 60+ lbs
Experience with specific breeds _____
Dog-related business or profession _____
Foster or rescue experience – Name of organization _____

GENERAL QUESTIONS (please answer all)

17. How long have you been thinking about adopting or fostering a dog? _____
18. What are your primary reasons for wanting to adopt or foster a dog? Security Companionship
 For the children As a gift for someone Friend for current pet Other _____
19. When was the last time you had a dog? _____ 20. What breed was your dog? _____
20. Was he/she spayed or neutered? YES NO
21. What happened to the dog?
22. Have you ever had an animal that required a major surgery for an injury or illness? YES NO
If yes, please explain: _____

PLANNING A PROSPECTIVE ADOPTION OR FOSTER CARE EXPERIENCE (please answer all)

23. When you go on vacation, who will care for this dog? _____
24. What kind of dog food will you feed this dog? _____
25. Do you have a regular Veterinarian? YES NO Name: _____
26. Who will groom and bathe this dog? _____
27. What will you use for flea control? _____
28. Would this dog wear a collar? YES NO Sometimes-WHEN? _____
29. Would your dog walk off leash? YES NO Sometimes-WHEN? _____
30. What would happen to this dog if you had to move? _____
31. What is the longest this dog would be left alone each day? _____
32. Where will this dog spend its days? (inside, outside, etc.) _____
33. Where will this dog sleep? _____
34. Who will be ultimately responsible for this dog? _____
35. If you have children, please describe their previous experience with dogs: _____
36. How will this dog get exercise? _____
37. How will you discipline this dog? _____
38. Will you plan to obedience train the dog? YES NO Obedience classes 1-to-1 Training
 Videos/Books Seek help if problem arises Other _____

FOSTER AND ADOPTED DOGS – WONDERFUL BUT LESS THAN PERFECT (please answer all)**39. WHAT WOULD CAUSE YOU TO REACH YOUR LIMIT OR WANT TO RETURN THIS DOG?****CHECK ALL THAT APPLY:**

- | | | | | |
|---|---|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Hair on your furniture/Shedding | <input type="checkbox"/> Stains on rugs | <input type="checkbox"/> Animal on the bed | <input type="checkbox"/> Illness | <input type="checkbox"/> Humping |
| <input type="checkbox"/> Aggression towards other dogs | <input type="checkbox"/> Barkiness | <input type="checkbox"/> Shy with people | <input type="checkbox"/> Biting | <input type="checkbox"/> Escaping |
| <input type="checkbox"/> Other pets don't like the dog | <input type="checkbox"/> Jumping up | <input type="checkbox"/> Poor watchdog | <input type="checkbox"/> Worms | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Housetraining challenges | <input type="checkbox"/> Growling at guests | <input type="checkbox"/> Needs grooming | <input type="checkbox"/> Chewing | <input type="checkbox"/> Vet bills |
| <input type="checkbox"/> Not a good dog park dog | <input type="checkbox"/> Shy with dogs | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Fleas | <input type="checkbox"/> Ticks |
| <input type="checkbox"/> Aggressive on leash | <input type="checkbox"/> Carsickness | <input type="checkbox"/> Allergies | <input type="checkbox"/> Marriage | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Doggie destruction OF WHAT _____ | | <input type="checkbox"/> Moving | <input type="checkbox"/> New Child | |
| <input type="checkbox"/> Spouse/partner does not like dog | | <input type="checkbox"/> My financial problems | | |
| <input type="checkbox"/> OTHER _____ | | | | |

None of these LISTED THINGS NOTHING. I will FOSTER the dog until adopted.

NOTHING. I will keep the dog until s/he is no longer alive, or I am, whichever comes first.

PLANNING FOR INVESTMENTS OF MONEY AND TIME (please answer all)

40. Dogs require investment of time and money. Can you afford to provide medical care, grooming, proper diet, shelter and exercise for this dog? YES NO LIMITS: _____
41. Are you able to make a long-term commitment to care for this dog? YES NO
 LIMITS: _____
42. If a behavioral challenge arises, will you seek help from the trainer we recommend? YES NO
43. Would you consult and pay for a trainer or behaviorist if challenges develop? YES NO
44. How did you find out about our Rescue? _____

45. PLEASE CHECK ALL THAT APPLY. YOU ARE WELCOME TO ASK QUESTIONS!

- I understand that **Seaside Animal Rescue** is an all-volunteer non-profit charitable organization. 501c3 Status is in progress.
 - I understand that paying for medical needs, spaying or neutering, routine vaccinations, and micro-chip identification systems, are necessary components of either preparing a dog for adoption, or immediate post-adoption costs that must be borne by adopters.
 - I understand that food, leashes, collars, crates, transportation expenses, and other expenses, are necessary to carry out the care of dogs while in foster care.
 - I understand that the reimbursement level for necessary expenses is: **low fee or donation**, depending on the needs of a particular dog. I understand that all such expenses are directly funded by private donations, and are part of every dog's history whether directly paid for by SEASIDE ANIMAL RESCUE or by private donations.
 - I understand that an adoption donation is necessary to help offset costs incurred to rescue and care for each dog.
 - I agree to donate an amount that represents my ability to further the rescue work necessary for this and every other dog to be rescued by **SEASIDE ANIMAL RESCUE**. Because most animals cost more than the minimal donation to care for, Seaside Animal Rescue welcomes you to make a larger donation if you are able.
- Yes I agree to donate an amount of \$ Amount**
- No, I cannot make any donation at this time, because _____**
- My company has a matching gifts program, and I would like to match my donation.**
- I would like to find out more about donating on an ongoing basis.**

NOW COMES THE FUN PART!

46. Please describe your dream dog.

Please include any preferences regarding gender, personality type, energy level, fur, age, expectations of dog behavior, and anything else you think will help us match you with your dream dog.

Thank you for your interest in Seaside Animal Rescue!

Please email this form to:
seasideanimalrescue@gmail.com

Learn more at our website **www.seasideanimalrescue.com**

FOR SEASIDE ANIMAL RESCUE USE

Review date _____ Reviewed by (print name) _____

REVIEWER'S email / telephone (cell/text?) _____

OUTCOME / COMMENTS / RECOMMENDATIONS: