

# 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: \_\_\_\_\_

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
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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:**

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

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***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](http://www.seasideanimalrescue.com)**

**FOR SEASIDE ANIMAL RESCUE USE**

Review date \_\_\_\_\_ Reviewed by (print name) \_\_\_\_\_

REVIEWER'S email / telephone (cell/text?) \_\_\_\_\_

OUTCOME / COMMENTS / RECOMMENDATIONS: