



22000 Georgia Ave Brookeville MD 20833
www.KnineRescue.com
kninerescueinc@gmail.com

ADOPTION APPLICATION

Date: _____

Name/Breed: _____
(Or enter name of or description of the animal you are interested in adopting)

CONTACT INFORMATION

Applicant Name: _____ Applicant Age: _____
Other Household Members/Ages (including children/roomates) _____

Primary Telephone: _____ Alternate telephone: _____
Primary Email Address: _____ Alt. Email Address: _____
Home Address: _____
City: _____ State: _____ Zip: _____

Do you live in a house, townhouse, apartment, condo, duplex, mobile
Do you rent/own? _____ How long at this address? _____
If renting are there pet restrictions? Y/N If yes, what are they?
If renting, is there a pet deposit/monthly fee? Y/N Are you prepared for that financially? Y/N

**** YOU MUST PROVIDE THE NAME AND PHONE NUMBER OF YOUR LANDLORD OR CONDO ASSOC.
WITHIN 24 HOURS OR WE WILL MOVE ON TO THE NEXT APPLICANT. ****

Landlord Name: _____ Landlord phone #: _____

GENERAL BACKGROUND

Do you have any plans to introduce an infant/small child into your home within the next 10 years or less? _____
Do children frequently visit & if so, what are their ages? _____
Does anyone in your home have allergies to animals? _____ Does anyone have asthma? _____

Who will be the primary care giver? _____
Can they handle the animal you want to adopt? _____
Is anyone home during the day? _____ How long? _____ Who? _____
How many hours will the pet be without humans each day? _____
Who will care for your animal while you are on vacation? _____
What will you do with the animal if you move? _____

Do you have a TOTALLY fenced in yard? _____ Size of yard: _____
Type of fence: _____ Height: _____
Where will the pet be kept during the day? _____ Night? _____



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If the answer above is “indoors” where during the day and night? (i.e.: garage, bedroom, run of house, finished basement, unfinished basement, etc.)

Day: _____ Night: _____

During routine absences (i.e.: errands, work): _____

Do you have a: _____

How do you plan to exercise your pet? _____

Under what circumstance(s) or situations would you surrender this pet back to Knine Rescue? (BE SPECIFIC; issues with dog, marriage, divorce, death in family, new baby, job change, move, etc.) _____

EXPERIENCE

Please list all pets you have owned in the past 10 years. If none, then include childhood pets (*clearly indicate between a childhood pet & pet as an adult.*) Include any pets residing in your home but which you do not own:

Name and Type or Breed	Gender	Age	Spayed or Neutered	Dates pet lived with family	Alive or Passed? If Passed how old and what happened?

Please use back of application is you run out of space. All current animals should be up-to-date on vaccinations, spayed and neutered as age appropriate.

Have you ever had a pet lost, runaway or disappear? _____ If yes; please explain _____

Have you ever sold, given away or surrendered a pet? _____ If yes; please explain _____

Have you ever trained a dog? _____

Have you ever crate-trained a dog? _____

This animal may not be housebroken. Are you willing to take the time to work with the animal? _____

Are you willing to give this pet the ample time to adapt to its new environment and family members, noted above?

What do you think pet care costs per year, including annual vaccinations, food, toys, minimal bordering, grooming, etc.? _____



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Are you willing and able to provide pet care for the next 10 or more years, including vet checks, vaccinations, boarding, medical care, indoor housing, etc.? _____

REFERENCES

Applicant's Employer: _____

Vet: _____ Phone # _____

Name Vet Records Filed Under: _____

Name of pet(s) treated: _____

Intended vet: _____

Flea/tick preventative used: _____ Heartworm preventative used: _____

How did you hear about us/Who referred you? _____

SIGNATURE

We require all animals adopted from us to be spayed or neutered. Do you have any questions or reservations about this policy? _____

Are you willing to offer a monetary donation (we average anywhere between \$150 - \$350 depending on the specific dog): _____

We require a home visit to complete the application. All members of the household, including pets, must visit with the animal before the adoption is approved. Are you willing to comply? _____

I certify that I have answered all questions honestly and to the best of my ability and that failure to provide information necessary to complete this application may cause this application to be voided.

Applicant's Signature: _____

Date: _____

***** I am interested in becoming a Knine Rescue volunteer. Please send me a volunteer application!** _____

A rescue representative will be in touch within 7 days to set up a home visit with you and your family prior to adoption. This visit is to verify what you've stated above is the truth and to answer any questions about the animal you intend to adopt and the adoption process. The rep will help you plan how to successfully introduce your new pet to your new home and to explain how to help your new pet become part of the family.