Unchained Dog Rescue

www.unchaineddogrescue.org

Dog Adoption Application Form

Please complete this form as thoroughly as possible.
All information is kept confidential.

Section 1: Applicant Information

Full Name: _____
Date of Birth: _____
Address: _____
City: _____ County: _____ Postcode: _____
Phone_____Mobile:_____
Email Address: _____
Preferred Contact Method: □ Phone □ Email □ Text

Section 2: Household Information

1. Do you own or rent your home?
□ Own □ Rent
If renting:

- Landlord's Name: _____
- Landlord's Phone/Email: _____
- Are pets allowed? □ Yes □ No
- Any pet restriction (breed/size/number)? _____
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2. Type of home:
□ House □ Flat □ Bungalow □ Maisonette □ Other: _____

3. Do you have a fenced yard? □ Yes (Height: _____ Type: _____) □ No

4. Is your front garden securely fenced or gated? □ Yes □ No

5. Do you live on a main road? □ Yes □ No

6. How long have you lived at this address? _____

7. List all people living in the household:

Name	Age	Relationship	Used to Dogs?	Allergies?

Section 3: Pet History and Current Pets

1. Have you owned a dog before? □ Yes □ No
If yes, please describe:

2. Have you owned a rescued dog before? □ Yes □ No
If so, what was the name of the rescue?

3. **Have you ever returned a rescue animal? □ Yes □ No**
If so, what was the reason?

4. Do you currently have any pets? □ Yes □ No
If yes, list them below:

Name	Species/ Breed	Age	Spayed/ Neutered	Vaccinated	Still in Home?
			□ Yes □ No	□ Yes □ No	□ Yes □ No
			□ Yes □ No	□ Yes □ No	□ Yes □ No

5. What is your opinion on neutering?_____
_____

6. Veterinarian Information (current or previous)
Clinic Name_____
Vet Name: _____
Phone: _____
May we contact your vet? □ Yes □ No

Section 4: Lifestyle & Dog Care

1. Why do you want to adopt a dog?
□ Companion □ For children □ Guard dog □ Gift □ Other:_____

2. Where will the dog spend most of its time?
□ Indoors □ Outdoors □ Both

3. How many hours per day will the dog be left alone? _____

4. Where will the dog stay when left alone?
□ Crate □ Free roam □ Garage □ Yard □ Other: _____

5. Where will the dog sleep at night_____

6. How often will you walk/exercise the dog on weekdays? _____ On weekends?_____

7. In addition to your garden, where will you exercise the dog?_____

7. Who will be responsible for feeding, training, and vet care?
_____

8. Are you prepared for the financial responsibility of dog ownership (food, grooming, medical care, etc.)? □ Yes □ No

9. Are you willing to take the dog to training if behavioural issues arise?
□ Yes □ No

10. Will your dog go to work with you? □ Yes □ No

Section 5: Dog Preferences

1. Desired Dog Characteristics:

Age Range: □ Puppy □ Young □ Adult □ Senior
Size: □ Small □ Medium □ Large □ Giant
Energy Level: □ Low □ Moderate □ High
Gender: □ Male □ Female □ No Preference
Coat Type or Breed Preference (if any): _____
Are there any breeds or breed types you do not wish to home? (if any)_____

2. Are you open to adopting a special needs dog (medical, behavioural, senior)?
□ Yes □ No □ Possibly – depends on the case

3. I would like my new dog to like: (Please circle all that apply)

Children / cats / other dogs/ Be good with livestock /
other small animals/ strangers / be house-trained /enjoy
being picked up / be good when left alone / travelling in the car

4. How active are you?
Very active / Reasonably Active/ Not very Active

Section 6: References

Please provide two personal references (not family members):

Name_____ Relationship_____ Contact Details_____

Name_____Relationship_____ContactDetails_____

Section 7: Agreement & Signature

Please read and initial each statement:

□ I understand that completing this form does not guarantee adoption approval.

□ I agree to provide appropriate veterinary care, nutrition, exercise, and love.

□ I agree that the dog will live indoors as a family pet.

□ I agree to return the dog to the organisation if I can no longer care for it.

□ I understand that adoption fees are non-refundable once the adoption is finalised.

Please feel free to include any further information to support your application.

Signature: _____ **Date:** _____
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