



## Save the Tails, Inc. (STTI)

PO Box 171

Leesburg, VA 20178

(888) 379-5558

[www.savethetails.org](http://www.savethetails.org)

Date: \_\_\_\_\_ Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

### Dog Adoption and Foster to Adopt Application Form

This form and a consultation with a STTI representative are designed to help you find the dog most compatible with your lifestyle. Completion of this application does not guarantee adoption of a STTI dog. Please answer the following questions completely and to the best of your knowledge. ***In order to be considered you must:***

- Be 21 years of age or older
- Have a valid driver's license
- Have knowledge and consent of your landlord
- Be willing and able to provide the proper training and medical treatment for the dog/puppy

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Telephone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

# of Adults in Household: \_\_\_\_\_ # of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Are all adults in household aware that you are adopting a dog/puppy? \_\_\_\_\_

Who will be the primary caregiver? \_\_\_\_\_

Does any member of the household have an allergy to dog hair/pet dander? \_\_\_\_\_

Why do you want a dog/puppy? \_\_\_\_\_

House Type (circle one): Single Family Home    Townhouse    Duplex    Condo/Apartment

Do you own or rent? \_\_\_\_\_ Landlord's Name & Telephone#: \_\_\_\_\_

Do you have a completely fenced yard? \_\_\_\_\_ Type of fence: \_\_\_\_\_

Fence Height: \_\_\_\_\_ Is there a gate? \_\_\_\_\_ Do you have a pool? \_\_\_\_\_ Is there a fence around it? \_\_\_\_\_

How many hours per day will the dog/puppy be left alone? \_\_\_\_\_

Where will the dog /puppy be kept when alone? \_\_\_\_\_

If confined in a room, which room? \_\_\_\_\_ If crated, in which room? \_\_\_\_\_

Where will the dog/puppy be kept during the day when you are home? \_\_\_\_\_

Where will the dog/puppy sleep at night? \_\_\_\_\_

How often and what type of exercise will you give your dog/puppy? \_\_\_\_\_

Are there times when the dog/puppy will be tied outside? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Is this your first dog/puppy? \_\_\_\_\_ If you presently have companion animal(s), please complete form below:

Name	Breed	Age	Gender	Spay/ Neutered?	Current on vaccinations?

If you previously had companion animal(s), please complete the following:

Name	Breed	Years Owned	What happened?

Name of Veterinarian: \_\_\_\_\_ City/Town: \_\_\_\_\_

Have you ever turned a pet into a shelter? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you planning to attend obedience classes with your new dog/puppy? \_\_\_\_\_

If your new dog/puppy is not housebroken, how will you correct him/her when there is an accident and what method will you use to train him/her? \_\_\_\_\_

How long do you expect housebreaking to take? \_\_\_\_\_

Do you know how dogs get heartworm disease? \_\_\_\_\_ If Yes, how? \_\_\_\_\_

When you go on vacation/travel, who will care for the dog/puppy? \_\_\_\_\_

If you move, what will you do with the dog/puppy? \_\_\_\_\_

How much are you willing to spend on medical bills for your dog/puppy? \_\_\_\_\_

What would you do if the vet bills go over this amount? \_\_\_\_\_

Are you ready to take responsibility for this dog/puppy for the next 10-15 years? \_\_\_\_\_

What provisions will you make for the dog/puppy should you become unable to care for it? \_\_\_\_\_

Have you previously applied to adopt a dog/puppy from Save the Tails? \_\_\_\_\_

If Yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever relinquished or returned a dog/puppy to Save the Tails? \_\_\_\_\_

If Yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Are you willing to have a representative of STTI visit where the dog/puppy will be living? \_\_\_\_\_

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Approval: \_\_\_\_\_ Date: \_\_\_\_\_