

CHESAPEAKE RETRIEVER RESCUE OF WI
ADOPTION APPLICATION

Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted. We want to ensure that each adoptive household is aware of, and willing and able to accept the physical and financial responsibilities of pet ownership. Not everyone who desires to own a pet is ready to properly care for one.

The questionnaire will assist both you and us in determining if your household is prepared to assume the role of responsible caretaker for a rescued animal. Thank you for filling it out. **DO NOT APPLY IF YOU ARE PLANNING TO KEEP THE DOG OUTSIDE EITHER IN A DOG HOUSE OR A KENNEL.**

We strive to match the dog to the family. Filling out the application does not assure that the particular dog you are applying for is the right match for your family or for the dog. Nor does any order of which the application is received have any bearing on the decision.

Are you 21 years of age or older? _____

Date of birth: Month and Year only. _____

Are you willing to pay an adoption fee? _____

Why are you considering adopting a dog? Hunting _____ Companionship _____
Protection _____

Why are you choosing to adopt a Chesapeake? _____

Have you ever owned a Chesapeake before? _____ If so, how many? _____

Where would the animal be primarily housed? _____

Where would the dog stay when you are not at home? Loose inside _____

Crated or otherwise confined? _____

Other _____ (Please Explain) _____

Is there a particular dog of ours you are interested in? _____ If yes, what is the dog's name? _____

If no, please note your preferences below so we can let you know when such a dog becomes available: Purebred, mixed breed or no preference? _____

Male, female, or either? _____ Age range: _____

Animals can be expensive to care for (estimated average cost is \$850 for one dog). Are you willing and able to provide adequate food, shelter and medical care, including yearly checkups and vaccinations, for an adopted dog? _____

Adopter's Name _____ Other Adult(s) at Residence _____
_____ Date(s) of Birth/Month and Year _____

Street Address _____

City/State/Zip: _____

Telephone: Home _____ Work _____

EMAIL Address: _____

Number of children living in the house: _____ Ages of children: _____

Do they live with you full time? _____

Do other children visit _____ If yes, what are the ages? _____

How often do they visit? _____

Does anyone in your house have allergies to animals? _____ If yes, to what kind

of animals? _____

Does your entire household know that you are considering adopting a pet? _____

Household Setting: Rural _____ Suburban _____ Urban _____

Do you live in a House _____ Apartment _____ Mobile home _____ Town house _____

Do you own? _____ If you rent, you **MUST** provide proof of permission to have a dog on the premises. If renting, landlord's name and telephone number: _____

Describe your yard: Fenced _____ No Fence _____

Please note: We do not adopt to homes with underground fencing-no exceptions.

Other (describe) _____ If fenced, describe material used: Chain Link _____
Wood _____ other (describe) _____

If fenced, height of fence and approximate size of fenced in area _____

If fenced, number of gates _____ Are the gates always securely latched or locked? _____

What problems would make you return a dog? Barking _____ Housebreaking _____

Chewing _____ Jumping _____ Shyness/other fears _____ Shedding _____
Digging _____ Scratching or Climbing on furniture _____ other
(explain) _____ or none, I am committed
to working with the dog to correct any of these and most other problems _____

To help resolve problems, are you willing to: Use a crate _____

Attend classes: _____

Under what circumstances would you return the dog: Move _____ New Baby _____
Divorce _____ High Cost of Animal's Care _____ Personal
Illness _____ Other _____ None
that I know of _____

Describe your home's activity level: **Busy** active/noisy; **moderate** comings/goings; or
quiet occasional guests _____

Do you have a pool? If yes, is it above or in ground? _____

If in ground, is it separately fenced? _____

Do you feel a pet should be spayed/neutered? _____

If no, why not? _____

Approximately how many hours a day would the dog be left alone? _____

Please list all animals that you presently own (other than fish and rodents)

Type of

Animal/Breed _____

Time Owned _____ Age: _____ Gender _____ Neutered _____ Current on
vaccines? _____ Are they on heartworm pills? Flea and Tick

Preventative? _____

Who is responsible of the above daily? _____

Who is responsible when you are on vacation? _____

Do you give permission to contact your veterinarian regarding the care of your present
and previous pets? _____ Please contact your veterinarian and give
permission for us to access your dog's medical records.

Name and telephone of current or previous veterinarian. _____

Please list animals you previously owned and describe what happened to them:

1) _____

3) _____

2) _____

4) _____

Individuals who adopt a rescue dog are contacted periodically for an update to help ensure the dog successfully adjusts to its new life. What is the best time to call you at home to check on how the adopted animal is adjusting? _____

Additional information you wish to provide: _____

If at any time an adopter cannot keep the dog, it must be returned to Chesapeake Retriever Rescue of WI Inc. If the animal is not spayed or neutered at adoption, due to age, the adopter is required to alter the animal and provide a veterinary certification of altering to Chesapeake Retriever Rescue of WI Inc. by the date specified in the adoption contract--animals unaltered by the contractual date may be seized. In addition, each pet adoption is assessed a non-refundable non-tax deductible fee, varying by animal to help pay veterinary expenses. If a dog adopted from Chesapeake Retriever Rescue of WI is found to be living outside/and or running loose, the dog will be seized and returned to rescue.

By signing below, I acknowledge that I completely read this application, comprehend it fully, know that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application or the adoption contract will result in the forfeiture of any Chesapeake Retriever Rescue of WI Inc. dog adopted by me.

Signature _____ Date: _____

Reviewed by: _____

Please return this form either by e-mail, fax or USPS to:

Chesapeake Retriever Rescue of WI. Inc.
1318 S. Kernan Ave.
Appleton, WI 54915
FAX 920-882-0495

