



Cindy Eischer - 818-437-5475 - eischer@att.net

ANIMAL ADOPTION APPLICATION

Completion of this application does not guarantee adoption of a Pibbles N Kibbles Rescue animal.

The Pibbles N Kibbles Rescue reserves the right to refuse adoption to any Client for any reason. This Questionnaire becomes part of our Contract.

NAME OF DOG(S) in which you are interested:

NAME OF APPLICANT:

OCCUPATION:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

NAME OF SPOUSE / SIGNIFICANT OTHER:

OCCUPATION:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

HOME STREET ADDRESS:

CITY:

STATE:

ZIP:

Are there children in your house hold?

☐ YES

☐ NO

If YES what are their ages?

Do you reside in?

☐ APARTMENT

☐ CONDO

☐ HOUSE

☐ TOWNHOUSE



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☐ OTHER

Do you *RENT* or *OWN*?

☐ RENT

☐ OWN

If you *RENT*, do you have Landlord's permission to have a Pet? Note that written permission may be required.

☐ YES

☐ NO

Landlord's Name:

Landlord's Phone:

How much of the time will the dog be outdoors?

How much of the time will the dog be indoors?

Approximately what percentage of the time will the dog be left alone?

Where will it be when left alone?

☐ INSIDE

☐ OUTSIDE

☐ CRATE

What area(s) of the house will the dog be allowed into?

Where will the dog sleep at night?

☐ INSIDE



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☐ OUTSIDE

☐ CRATE

Do you have a fenced yard?

☐ YES

☐ NO

Type of fence?

Are the gate(s) normally locked?

☐ YES

☐ NO

If so, how high is the fence?

Do you have a pool?

☐ YES

☐ NO

If so, is it fenced separately from the yard?

☐ YES

☐ NO

Why do you want a dog? (please check all that apply)



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- ☐ House pet
- ☐ Companion for other pet
- ☐ Protection for home/family
- ☐ Watchdog
- ☐ Companion for family
- ☐ Companion for children
- ☐ Protection for business
- ☐ As a gift
- ☐ Other (specify):

Other pets (specify number of each):

- ☐ DOGS
- ☐ CATS
- ☐ OTHER

If you have any dogs or cats, are they spayed/neutered?

- ☐ YES
- ☐ NO

What pets have you had in the past?

What happened to the ones you no longer have?



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What would happen to the dog if you moved?

LOCALLY
OUT OF STATE
OUT OF COUNTRY

If you currently have pets, please list the name and contact information for your Veterinarian:

NAME: CLINIC PHONE:

CLINIC ADDRESS:

Please list any medical issues or conditions of the current pets in your household:

Does anyone in your household have allergies:

If YES what type of allergies?

☐YES

☐NO

How would you train this dog? (*Check all that apply*):

☐Obedience school

☐Hit with newspaper

☐Firm verbal commands

☐Clicker/hand signals

☐Other (*specify*)

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times?

☐YES

☐NO



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Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet?

☐YES

☐NO

Are you able to make a long term commitment to care for your pet for its entire life span, which could be as much as 10-20 years?

☐YES

☐NO

What is the maximum amount of expenditure you would be willing to spend on your new pet?

Under what circumstances would you not be able to keep this dog?

I agree that a Representative of Pibbles N Kibbles Rescue may contact my Veterinarian to confirm information provided herein regarding my pets, and I consent to the release of such information by my Veterinarian to Pibbles N Kibbles Rescue:

☐YES

☐NO



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By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the organization's Foster Care Program. Enter your first and last name in the box below to indicate your acceptance of these terms. This will act as your signature and indicates your agreement to be bound by these terms.

Foster Applicant Name: _____ Signature: _____

Driver's License Number: _____ State Issued: _____