



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto: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?**

**If YES what are their ages?**

YES  
 NO

**Do you reside in?**

APARTMENT  
 CONDO  
 HOUSE  
 TOWNHOUSE



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto:eischer@att.net)

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



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto:eischer@att.net)

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)**



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto:eischer@att.net)

- 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?**



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto:eischer@att.net)

**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



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto:eischer@att.net)



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto:eischer@att.net)

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



Cindy Eischer - 818-437-5475 - [eischer@att.net](mailto:eischer@att.net)

*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: \_\_\_\_\_