Small Breed Rescue of East Tennessee

SBRET Adoption Application

PLEASE PRINT OR TYPE ALL INFORMATION

How did you hear about SBRET? ☐Critter Magazine ☐Facebook ☐Friend/Colleague

 ☐Internet Search ☐Petfinder.com ☐ Other (Please specify)

Name(s):

Address:

Street City State Zip Code

Cell Phone Home Phone

Work Phone Occupation

Email

How long have you lived at this address?

Do you? ☐OWN ☐RENT

If rent, please provide the Landlord’s information.

Name phone number

Do you have permission of your landlord to have a dog? ☐ YES ☐NO

Are you interested in a particular dog? ☐YES ☐NO

If yes dog’s name.

If no, what breed/size dog interested in?

Desired Age? ☐ Puppy ☐ Adult ☐Senior (8 yrs. & up)

Sex? ☐Male ☐Female

What are your reason(s) for wanting to adopt a dog at this time? Check all that apply.

☐Family Pet ☐Watch Dog ☐ Companion for current pet

☐Other (please explain)

Please share with us any special activities in which your new dog will be participating in as part of the family.

Do you have any children currently living at home, planning for a child, or will children be visiting the home? ☐YES ☐NO

If you checked yes, please give their ages:

Who is the new dog primarily for? ☐Adult ☐ Child ☐Elderly

Who will have chief responsibility for the care of your new pet?

Does anyone in your household have allergies to dogs? ☐YES ☐NO

Home visits are a required part of SBRET’s adoption process, please give a time(s) that are best to conduct the visit.

Please list individually all pets you have owned within the last 15 years.

Pet’s Name Breed Age Still living with you?

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If the pets listed above are no longer living with you, please explain.

Are your present pets:

Spayed/neutered ☐YES ☐NO

Up to date on vaccines ☐YES ☐NO

On monthly heartworm preventative? ☐YES ☐NO

Have you ever had a pet run away? ☐YES ☐NO

If yes, please explain.

Have you ever had to give up a pet? ☐YES ☐NO

If yes, please explain.

Where do your current pet(s) stay during the day?

Where do your current pet(s) stay at night?

Where will your new dog be during the day?

Where will your new dog be at night?

How many hours will the pet be alone?

Is your yard fenced? ☐YES ☐NO

If YES please state type and height.

If NO please describe how you plan to monitor your dog when outside on your property?

Do you have a swimming pool? ☐YES ☐NO

If YES, do animals have free access to the pool? ☐YES ☐NO

Where will the dog stay when you are on vacation or out-of-town?

If you move will your dog move with you? ☐YES ☐NO

What behaviors, if any, would cause you to give up your dog?

Current Veterinarian Information:

Name

Address

Phone Number

May we contact your vet for a reference? ☐YES ☐NO

Full name account is under?

Personal Reference:

Name Phone Number

If you adopt a rescue dog and decide to give it up, do you agree to contact SBRET and make arrangements to get the dog back to SBRET? ☐YES ☐NO

Have you or any members of your family/household been cited for a leash law violation or cruelty to animals? ☐YES ☐NO

If YES, please explain.

Have you applied to any other Rescue Groups? ☐YES ☐NO

If YES, please identify the group so we do not duplicate their efforts.

I/We attest that the Terms and Conditions of Adoption as stated above have been read in full and I/We understand that said terms and conditions are part of the adoption process and will be enforced. I/We attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/We attest that we have retained a copy of the Terms and Conditions of Adoption and also understand that completion and submission of this application does not in any way guarantee adoption of an SBRET Rescue Animal. I/We understand that any misrepresentation of fact may result in the removal of the adopted dog from my/our home. If this application was submitted via email, formal signature(s) will be obtained if and when adoption takes place.

Applicant’s Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant’s Signature \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_