Springfield Rescue, Inc. Adoption Application

All animals fostered from or adopted from Springfield Rescue, Inc will undergo spaying/neutering prior to a fostering placement or adoption paid by Springfield Rescue, Inc. at Hilton Hospital for Animal in Lynbrook, NY. or other approved veterinary facility.

Animals under the appropriate age for spaying/neutering will not be fostered or adopted out and will remain in the care of Springfield Rescue, Inc. until spaying/neutering are safely completed and the animal has recovered in accordance with appropriate veterinary aftercare.

In cases where old age or medical conditions prevent spaying/neutering, Springfield Rescue, Inc. will maintain documentation from the examining veterinarian demonstrating the veterinarians decision to refrain from spaying/neutering based on medical concerns.

Your Name: _____Date: _____

Are you Over 21 years old as of the date of this application? __YES __NO

Name / Type of Dog You Would Like to Adopt: _____

Street Address: _____

Town/State/Zip:_____

Home/Cell Phone #: _____

Email: _____

Driver's License State :_____ DL # _____

Verified by Springfield Rescue, Inc. __YES __NO

Describe the Number of People in Your Household and Ages:

_____

_____

Do you currently have pets living with you now? __YES __NO

If yes, include Name, Age & Breeds

_____

_____

_____

Are your pets spayed/neutered __YES __NO

** We may not adopt to households where pets are not spayed or neutered**

Do Your Pets Get Along with Other Animals? __YES __NO

What precautions would you take to properly introduce a new dog into your home if you have other animals?

_____

_____

_____

If a disciplinary or behavior problem arises, what steps will you take to work on it?

_____

_____

_____

You ever had to give up a pet? __YES __NO If so, why?

_____

_____

_____

Do You Have Experience with Animals?

_____

_____

_____

How Many Hours a Day Will Dog Be Left Alone?

_____

_____

_____

Where Will the Dog Be Kept When You Aren't home?

_____

_____

_____

Where Will Your Dog/s Sleep at Night?

_____

_____

_____

Do You Have a Fenced-in Yard? _____ If yes, type and height: _____

Do You Rent or Own Your Home? _____

If you own, please specify if Private House/ Condo/Co-op _____

If You Rent, Please List Landlord's Name /Phone Number:

_____

_____

Does Your Municipality have Breed Specific Restrictions? __YES __NO __ Unknown

How Do You Plan to Give the Dog Daily Exercise?

Is it Ok for a rescuer to Visit Your Home for a Home Check? __YES __NO

Have you ever had an application declined for adoption of an animal from an animal welfare group/animal control facility? __YES __NO

If yes, please explain:

_____
_____
_____
_____
_____
_____

VETERINARIAN CARE – Please list NAME and PHONE # of Veterinarian for current and/or previous pets

NAME /PHONE #

_____
_____
_____

PERSONAL REFERENCES - Please list two references that are NOT family members.

NAME: _____

PHONE #: _____

NAME: _____

PHONE #: _____

Adopter's Signature: _____ Date: _____

Print Name:

_____

Springfield Rescue, Inc Representative Name:

_____ Date: _____

Signature:

_____