

FEDWELL FARM RESCUE, INC. - APPLICATION

Name of Dog Applying For:

_____:

Name of Adopter: _____

Address: _____

Phone: _____ Email: _____

Number and Ages of Children living with you: _____

Pets presently at home, including breed, age and sex: _____

What Veterinary hospital do you currently use? _____

May we contact them as a reference on the care of your current or prior pets? ____

Is cigarette smoking allowed in the home? _____

Are dogs allowed to ride unrestrained in the back of a pick-up truck? _____

Are you committed to caring for this dog for his/her lifetime (about 15 years)? ____

Will the dog inside/outside during the day? _____ night? _____

How long will the dog be left alone during the day? _____

Do you have a doggie door? _____

Is your yard fenced? _____ Type and height of fence _____

Do you have a swimming pool? _____ Is it fenced? _____

Do you own or rent your home? _____

If renting, do you have permission from the landlord? _____

Name, address and phone number of 3 references: _____

1: _____

2: _____

3: _____

Please let us know your experience with the breed and what you have to offer this dog.

