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**Adoption/Foster APPLICATION**

Email: justpawsapps@gmail.com

Fax: 416-309-1931

REQUEST FOR: \_\_\_\_ADOPTION \_\_\_\_FOSTER \_\_\_\_

Today’s date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In order to be considered for a foster home or adoption, you must be 19 years of age or older. Any current pets in the home must be up-to-date on vaccinations and spayed/neutered. All children in the home must be over the age of 8. You must have consent of all adults living in the household. No dogs will be placed in homes with indoor smokers. Note: The second part of the application process includes a home visit by a volunteer. Provide your current address, phone number and email address.**

Do you agree to the above? Yes\_\_\_\_\_

 **The information provided here will help us find the best match for you and your family.**

**Personal Information:**

 **Name:**

 **Address:**

 **Street City Prov Postal Code**

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

 **Daytime Evening Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **Would you allow one of our representatives to visit your home?**

Yes \_\_\_\_

No\_\_\_\_\_\_

**Note: Visit would be by appointment only.**

1. **Which best describes your home?**

Detached home \_\_\_\_\_

Attached home\_\_\_\_\_\_

Condo\_\_\_\_\_

Duplex\_\_\_\_\_\_

Apartment\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you rent or own?**

Own\_\_\_\_\_

Rent\_\_\_\_\_

1. **Are you …?**

Attending School\_\_\_\_\_

 Working\_\_\_\_\_\_\_

Retired\_\_\_\_\_\_\_\_

Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you 19 years of age or older?**

Yes\_\_\_\_\_

No\_\_\_\_\_

1. **Have you ever been convicted of animal cruelty?**

Yes\_\_\_\_\_\_

No\_\_\_\_\_\_

1. **If Yes, when? Please specify.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever applied to Foster/Adopt before:**

Yes\_\_\_\_\_\_\_\_

No\_\_\_\_\_\_\_\_\_

1. **If Yes, when and what happened?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do all members of your household agree to fostering/adopting?**

Yes\_\_\_\_\_

No\_\_\_\_\_\_

1. **Do any members of your household have animal allergies?**

Yes\_\_\_\_\_\_\_

No\_\_\_\_\_\_\_

1. **Will you be able to transport the dog to the veterinarian, off-site events, etc?**

Yes\_\_\_\_\_\_

No\_\_\_\_\_\_

1. **Describe your home atmosphere**

Grand Central Station\_\_\_\_\_\_\_

Some Activity\_\_\_\_\_\_

Very Quiet\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_

1. **PLEASE LIST 3 PERSONAL REFERENCES:**

 **NAME PHONE NUMBER RELATIONSHIP/YEARS KNOWN**

**1)**

 **2)**

**3)**

**16. List all members of your household including yourself :**

 **Name Age Gender Relationship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Name of dog you wish to foster/adopt :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you feel you could handle more than one dog at a time?**

Yes\_\_\_\_\_\_

No\_\_\_\_\_\_

Maybe\_\_\_\_\_\_

**18. Indicate what you feel your level of “Dog Experience” is?**

First-time Owner\_\_\_\_\_\_

Have had one or more dogs\_\_\_\_\_\_\_\_\_\_

Knowledgeable and Experienced\_\_\_\_\_\_\_\_

1. **Please use this space if there is anything you would like to tell us about yourself that you think is important to your application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Describe your ideal dog**

**Size:**

Small (0–20 lbs)\_\_\_\_\_\_

Medium (20–50 lbs)\_\_\_\_\_\_\_\_

Large (50–100 lbs)\_\_\_\_\_\_\_\_\_\_

Giant (over 100 lbs)\_\_\_\_\_\_\_\_\_\_

 **Coat:**

Short\_\_\_\_\_

Medium\_\_\_\_\_\_

Long\_\_\_\_\_\_

Non-Shedding\_\_\_\_\_\_\_

No Preference\_\_\_\_\_\_\_

**Age:**

2–4 months\_\_\_\_\_\_\_

4–12 months\_\_\_\_\_\_\_

1–3 years\_\_\_\_\_\_\_

Older\_\_\_\_\_\_\_

No Preference\_\_\_\_\_\_\_

**Training Level:**

Housetrained\_\_\_\_\_\_\_

Some obedience training\_\_\_\_\_\_

Fully trained\_\_\_\_\_\_\_

None\_\_\_\_\_\_\_

**Activity Level:**

Low\_\_\_\_\_

Medium\_\_\_\_\_

High\_\_\_\_\_

No Preference\_\_\_\_\_\_

**Breed or Type Preferred ?**

Yes\_\_\_\_\_\_

No\_\_\_\_\_\_

**If yes please specify:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Are you prepared for an adjustment period? Note: Adjustment issues may include: barking, house-soiling, chewing, and conflicts with other animals.**

Yes\_\_\_\_\_

No\_\_\_\_\_

1. **Which member of your household will hold the primary responsibility for the following:**

**Feeding the pet :**

 **Training the pet :**

 **Exercising the pet :**

1. **Have you ever surrendered or rehomed any of your pets?**

**Yes\_\_\_\_\_**

**No\_\_\_\_**

1. **If Yes, when and why:**
2. **Have you ever adopted a dog from a shelter or rescue?**

Yes\_\_\_\_\_\_

No\_\_\_\_\_\_

1. **If Yes, what happened to the dog?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **List all pets in your household: (Name, gender, age, breed, if spay/neutered, if vaccinated)**

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1. **Please list your vets contact information. NOTE: Please contact your vet to allow us permission to contact them regarding the current pets on file. Your vet will not release information to us without your permission.**

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1. **In a 24-hour period, how long would the animal be kept alone?**

1-4 Hours\_\_\_\_\_\_

4-8 Hours\_\_\_\_\_\_

8-12 Hour\_\_\_\_\_\_\_

1. **Where will the animal be kept when you are not home?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Where will the animal be kept at night?**

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1. **Do you have a fenced yard?**

Yes\_\_\_\_\_

No\_\_\_\_\_

1. **Would you be able to keep the animal isolated/separated from your other animals?**

Yes\_\_\_\_\_\_

No\_\_\_\_\_\_

**Sometimes foster homes decide to adopt so please fill out all of the following questions whether applying for adoption OR foster home:**

1. **If you decide to adopt, do you plan to take your dog to training classes?**

Yes\_\_\_\_

No\_\_\_\_\_

1. **If you decide to adopt, are you prepared to hire a trainer, specialist, if necessary?**

Yes\_\_\_\_\_

No\_\_\_\_\_

1. **If you do decide to adopt, how often are you prepared to take your dog to the veterinarian?**

Once a year\_\_\_\_\_

As required\_\_\_\_\_\_

1. **How much do you expect that you will spend yearly to feed, vaccinate, license, and provide medical care for your pet? $**
2. **If you go on vacation, what will you do with your dog?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **If you move, what will you do with your dog?**

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1. **Are you aware that there is an adoption fee involved?**

Yes\_\_\_\_\_

No\_\_\_\_\_

1. **Check any/all of the following that apply to the reasons why you would like to adopt a dog from us:**

**Companion for person\_\_\_\_\_\_**

**Companion for other pet\_\_\_\_\_**

**Special Needs facility\_\_\_\_\_**

**Retirement residence\_\_\_\_\_\_\_\_**

**For a child\_\_\_\_\_\_**

**Guarding\_\_\_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have answered all the questions truthfully and understand that if any intentionally false statements have been given, this application will be void. I understand that Just Paws Animal Rescue has the right to approve or deny this application based on its’ policies. I give permission for rescue personnel to contact my veterinarian to confirm health/vaccination records. I understand all the risks involved with adopting/fostering a dog and release Just Paws Animal Rescue from any liability. I give permission for Just Paws Animal Rescue to periodically visit the animal in my home. I authorize the investigation of all statements in this application. I understand that submitting an application does not guarantee approval.**

**You will receive confirmation of your application within 24 hours (please check your junk mail folders if you don’t see it). NOTE: To ensure no delays in your application process, please let your references and vet know that we will be calling them. Please sign below if you agree to all the above.**

***Name (Print)                                         Signature                                      Date***

**For Office Use Only**

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

***Name                                                                      Date***

**Application Status:**

**Approved\_\_\_\_\_\_\_\_\_\_\_**

**Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**