



Adoption Application

All information is subject to verification. Any false information is cause for application denial and/or confiscation of pet from applicant.

Applicant Name: _____ Age: _____ Phone: _____
Email: _____ Best way to contact you? Phone Text Email
How did you hear about us? Walked/drove by Facebook Rescues Rescuing Veterans
 TDR website Word of mouth/friend/family Other: _____

Household Information

Address: _____ City/State/Zip: _____
Name & age of all persons in household: _____

Type of housing: Single family (house) Apartment Condo/Townhome Mobile home
Do you rent or own? Own Rent How long have you been at your address? _____
Landlord's Name: _____ Phone: _____
Do you have your landlord's permission to have a pet? Yes No N/A (I own) Pet deposit required? Yes No
Do you have any restrictions in your living situation concerning owning a pet (e.g. size, breed)?
 No Yes (please explain) _____
If you move, what will you do with the pet? _____
Do you have a fenced yard? No Yes Height of fence: _____ Acres: _____
How will the pet exercise and go to the bathroom? _____
Do you plan on crate training? Yes No Hours per day the dog will be alone: _____
Please describe how the pet will be contained in the following situations:
While outside _____
At night/during the day while you are not home _____

Work Information

Employer: _____ Phone: _____
Supervisor: _____ Length of employment: _____ Annual income: _____
If your financial situation were to change, what would happen to your pets? _____

Veterinarian & Other Pet Information

Do you currently have any pets? No Yes, please list all animals in the home:

Type / Name	Age	Gender (female, male, spayed female, or neutered male)	Current on Vaccinations?

Current veterinarian: _____
How long have you been using this vet? _____ Phone: _____



Why do you want a pet?

- Companion
 Companion for other pet
 Support
 Family pet
 Hunting
 Breeding
 Protection
 For another person
 Other _____

What would you do if a pet becomes ill with a disease that costs \$500 or more to treat? _____

Have you researched the costs associated with having a dog from puppy to adult years (which averages 12 to 15 years)?

- Yes No
 If no, please speak with an RRV Adoption Coordinator to discuss projected costs.

Breed & Training Information

Have you educated yourself about the breed of dog you want to adopt? Yes No

Have you owned this breed before? Yes No

Are you interested in or planning on enrolling the dog in a training class? Yes No Maybe

Please note, dogs that have gone through professional training have a lower incident and return rate than those who have not. At RRV we strongly recommend a class to aid in the proper raising and socialization of a puppy, or to mend adult dog behaviors. If you are an approved veteran a basic training class is included in your overall adoption.

Please read below and initial in understanding

I understand that adult dogs need annual visits to the vet, and puppies will need monthly visits to the vet for 2 to 4 months until they are fully vaccinated. _____ INITIAL

I understand that RRV requires all puppies to be altered at an appropriate age. _____ INITIAL

I agree to license the pet and give it proper vaccinations and health care. _____ INITIAL

I agree to first contact RRV if I can no longer keep this animal. _____ INITIAL

I understand that RRV reserves the right to refuse any applicant. _____ INITIAL

I understand that RRV makes no warranties, express or implied, regarding the breed or full grown weight of said adopted animal. Many dogs are not purebred and may contain other breeds than what RRV expressed at time of adoption. I agree to not hold RRV accountable for any misrepresentation regarding adopted animal, after adoption. _____ INITIAL

I understand that RRV reserves the right to remove any animal after adoption, with or without reimbursement of a full or partial adoption fee in the case that neglect or abuse of said animal is discovered, if any information provided above is proven to be false, or if improper/lacking veterinarian care, including vaccinations. Any of the above listed may result in removal of the animal from my care. _____ INITIAL

Please list 3 personal references:

Name	Relationship	Phone

By signing I verify that I am the said applicant, and that I have answered all of the questions truthfully. I understand that if this information is found to be false RRV may confiscate the adopted animal.

Signature of Applicant

Date

RRV Volunteer Initials

Rescues Rescuing Veterans

Northern Colorado | rrvprog.org

Name of the animal(s) you are interested in adopting (in order of preference):

1. _____
2. _____
3. _____



Veteran Application and Information

Are you applying for a dog for emotional support, as a veteran, first responder, of any branch of service?

Yes No *If no, please do not fill out the remainder of this portion of the application.*

Branch of Service

Army Navy Marine Corps Air Force National Guard Coast Guard
 First Responder Other: _____

Status:

Active Duty Reserves Veteran Retired Military Spouse Non-military

Years of Service: _____ Discharge Type: General Honorable Bad Conduct Dishonorable Other

Conflicts or Locations Deployed: _____

Medical Diagnosis/Syndrome: _____

Please provide a brief background of what you did in the service:

How will a companion animal help you?

What kind of animal are you interested in?

Dog Cat Other: _____

What kind of breeds/size/gender are you interested in?

What is the most important trait(s) in your rescue animal? _____

To complete your final application please submit the following (and block out any social security information)

1. DD-214
-or-
2. Current military orders
-or-
3. VA identification
-and-
4. Records that support your need for a service animal (doctor's note, VA forms, etc.).

Thank you for your application and your service. We look forward to reviewing your information and matching you with a battle buddy soon.

-Richard Erfurth, Executive Director, Rescues Rescuing Veterans