# ISLAND BARK RESCUE

PO Box 474 • Island Park, NY 11558 ISLANDBARKRESCUE@GMAIL.COM

#### DOG ADOPTION APPLICATION FORM

	Date:
Contact Information	
Full Name:	
Street Address:	
City, State, Zip:	
Email Address:	
Cellphone No.:	
Personal Information	
Applicant's Age:	
State that Issued ID/Driver's License:	
ID/Driver's License Number:	
<b>Employment Information</b>	
Are You Employed, Full or Part Time:	
Employer's Name:	
Employer's Phone Number:	
How Long with Employer:	

### Family & Housing

Do you live in a house, townhouse, apartment, condo or other:
Do you own or rent:
If renting, provide Landlord's name:
Landlord's phone number:
How long at the above address:
If less than two years, provide previous address:
How many adults reside in your home other than you:
What is their relationship to you:
How many children reside in your home:
What are their ages:
Does anyone in the home have a known allergy to dogs?
Is everyone in agreement with the decision to adopt a dog?
Other Pets
What other pets (breed) do you have:
How many of each:
How old are your pets:
Are these pets up to date on vaccines:

Island Bark Rescue, Inc. Dog Adoption Application Form Page 3

Are these pets spayed/neutered? If no, why:
Have you ever surrendered a pet? If so, why:
Have you ever had a pet euthanized? If so, why:
How do you discipline your pets and why:
Veterinarian
Veterinarian's name:
Clinic Name:
Address:
Phone Number:

<sup>\*</sup> Providing us with this information you are allowing Island Bark Rescue to call your vet. Please call your vet and ask them to authorize the release information to Island Bark Rescue.

### About the DOG you wish to Adopt

Which dog are you interested in:		
What is the reason for adopting a dog? House pet, guard dog, companionship, for other pet:		
Who will be responsible for feeding, walking, training and giving attention to the dog:		
Who will be financially responsible for the dog:		
If the dog you are interested is not available, are you looking for a puppy or an adult dog:		
Desired size:		
Please list all requirements you need (i.e. good with children):		
Where will the dog spend the day:		
Where will the dog sleep at night:		
Number of hours (average) the dog will spend alone:		
Do you agree to provide regular health care by a licensed veterinarian:		
Do you agree to keep the dog as an indoor dog:		
When the dog goes outside, how do you plan to supervise it:		
Do you have a fenced in yard:		

## **Personal References**

### Please list three people who are familiar with both you and your pets:

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):
Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):
Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

following two statements:
Yes, I agree to contact Island Bark Rescue if I can no longer keep this dog.
Yes, I am willing to let a representative of Island Bark Rescue visit my home anytime.
By signing below, I certify that the above information is true and correct to the best of my knowledge. I also acknowledge that falsification of any of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Island Bark Rescue, Inc.

Date

Signature

Please initial on the marginal lines to show your consent of the