

Adoption/Foster Application

GENERAL INFORMATION

Pet Parent #1 Full Name:			Age:
Pet Parent #2 Full Name:			Age:
Email Address:		Phone Number:	
Street Address:			
City:	State:	Postal / Zip Code:	
HUMAN FAMILY MEM Please list EVERYONE who lives/free	-	for 1-2 days per week)	
Human Family Member #1			
First Name:	Age:	_ How many days per week are	e they home:
Has he/she been around dogs befor	e? If yes, how do they interac	ct with them?	
Human Family Member #2			
First Name:	Age:	_ How many days per week are	e they home:
Has he/she been around dogs befor	e? If yes, how do they interac	ct with them?	

HUMAN FAMILY MEMBER #3		
First Name:	Age:	How many days per week are they home:
Has he/she been around dogs before?		eract with them?
Human Family Member #4		
First Name:	Age:	How many days per week are they home:
Has he/she been around dogs before?	' If yes, how do they inte	eract with them?
HUMAN FAMILY MEMBER #5		
First Name:	Age:	How many days per week are they home:
Has he/she been around dogs before?	If yes, how do they inte	ract with them?
HUMAN FAMILY MEMBER #6		
First Name:	Age:	How many days per week are they home:
Has he/she been around dogs before?	' If yes, how do they inte	ract with them?
		arding any Uuman Family Memberla dispesition and

Is there any additional information you would like to share regarding any Human Family Member's disposition and behavior towards dogs?

HOME INFORMATION

What I	kind of home do you reside in?
	House Apartment Condo Townhome Other:
Do γοι	u own the home or rent?
	Own Rent Parents Own Other:
Do γοι	u have a yard?
	Yes, completely fenced Yes, partially/temporarily fenced Yes, but no fencing at all No
yard _	Other :
If you	do not have a yard, OR it is NOT fenced AT ALL, how do you plan on exercising the dog?
	RY FAMILY MEMBERS list all animals that reside on your property (inside or outside) includes dogs, cats, birds, farm animals, etc
	Y MEMBER #1
Specie	s/Breed: Fixed? Y / N Dog Friendly? Y / N
How Ic	ong have you had the Furry Family Member?
Is ther	e any additional information you would like to share regarding any Furry Family Member's disposition and behavior
toward	ds dogs?

Yes	

If No, why not?

Are your current dog/s up to date on vaccinations,	provided monthly	heartworm/flea/tick	prevention,	and see their
veterinarian at least once a year?				

Yes No I do not currently own any dogs Not current, but dog/s I've of

ADOPTEE/FOSTER INFORMATION

What is the name of the dog you're interested in?

What characteristics are you looking for in a dog? (please enter NA if it doesn't matter)

Breed:	Age Range:	Sex:	Size/Weight :	
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Temperament/Personality (active, couch potato, little of both):

On a typical day, how many hours (roughly) will the dog be alone?

When the dog is alone, how do you plan to take care of them? (crate, full range, block off a room, crate at first and work towards full range, have someone come take the dog out, etc)

Where will the dog sleep at night?

How do you plan to include the dog in your family?

If you have to leave town, emergently or planned, how do you plan on taking care of the dog?

Who will be the primary caretaker of the dog on a daily basis?

How do you plan on socializing the dog? Both with other dogs and people.

REFERENCES

Veterinarian Name (Ex. "Barnegat Animal Clinic- Dr. Joe)

3 Personal References (2 are REQUIRED, cannot be some	eone you live with)
Reference #1: Name:	_ Contact (phone or email):
Relationship:	
Reference #2 Name:	_ Contact (phone or email):
Relationship:	
Reference #3 Name:	_ Contact (phone or email):
Relationship:	

Do you agree to allow a "I Like Big Mutts Rescue Inc" representative complete a "home visit" (5-10min max) prior to adoption as part of the adoption process? Yes _____ No _____

• I (we) attest that the information provided is true and accurate to the best of my (our) knowledge.

- I (we) understand that completion and submission of this application does not guarantee adoption of a dog from "I Like Big Mutts Rescue Inc.
- I (we) have read over the requirements for adoption on the I like Big Mutts Rescue Inc website and agree to their stated terms of adoption (including the home visit prior to approval).
- I (we) permit ILBM to contact our veterinarian and personal references.*

Print Name: Date: Signature: Date: Date:
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