**Semper Fi Legacy Rescue**

**Dog Application**

Thank you for your interest in adopting a Semper Fi Legacy dog. To ensure the best possible placement for the dogs in our care, we ask that you fill out the following application completely. All information will be kept confidential. If you currently own a dog(s), we require a meet and greet before adopting.

| Dog(s) you’re interested in: |  |  Date: |  |
| --- | --- | --- | --- |

| Applicant Name: |  |  Age: |  |
| --- | --- | --- | --- |

| Co-Applicant Name: |  |  Age: |  |
| --- | --- | --- | --- |

| Applicant Phone: |  |  Co-Applicant Phone: |  |
| --- | --- | --- | --- |

| Applicant Email: |  |
| --- | --- |

| Co-Applicant Email: |  |
| --- | --- |

| Address: |  |
| --- | --- |

| City: |  |  State: |  |  Zip: |  |
| --- | --- | --- | --- | --- | --- |

Type of home you live in: ☐ House ☐Townhouse ☐Condo ☐Apartment ☐Trailer/Mobile Home

| How long have you lived at this address? |  |
| --- | --- |

| How many times have you moves in the last 5 years?  |  |
| --- | --- |

Do you own or rent? ☐ Own ☐ Rent If you rent, does your landlord allow pets? ☐ Yes ☐ No

| Amount: | $ |
| --- | --- |

Is there a pet deposit? ☐ Yes ☐ No Have you paid the pet deposit? ☐ No ☐ Yes

| Number of pets allowed: |  |
| --- | --- |

Is there a limit to the number of pets? ☐ No ☐ Yes

| describe: |  |
| --- | --- |

Are there any breed or size restrictions? ☐ No ☐ Yes

| Name of your subdivision or complex:  |  |
| --- | --- |

| Landlord name: |  | Phone:  |  |
| --- | --- | --- | --- |

Are you willing to allow a representative from the rescue to visit your home by appointment? ☐ Yes ☐ No

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Are you: ☐Working ☐Retired ☐Student ☐Homemaker ☐Military ☐Other:

| Occupation: |  | Employer: |  |
| --- | --- | --- | --- |

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Is your Co-Applicant: ☐Working ☐Retired ☐Student ☐Homemaker ☐Military ☐Other:

| Occupation: |  | Employer: |  |
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Please check ANY of the following reasons for adopting this animal:

☐Family Pet ☐Child’s Pet ☐Gift ☐Companion ☐Guard Dog ☐Companion for other pet ☐Other:

Is everyone in the household in favor of adopting this pet? ☐ No ☐ Yes

Do any members of the household have asthma or allergies to pets? ☐ No ☐ Yes

| If yes, how will you manage the asthma/allergies? |  |
| --- | --- |

| Number of adults: |  | Number of children: |  | List children ages: |  |
| --- | --- | --- | --- | --- | --- |

| How will you handle interactions & introductions between the new dog and your children? |
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Describe your household activity: ☐Active ☐Calm ☐Sedentary ☐Outdoorsy ☐Other:

Who will be responsible for daily care of the new pet? ☐Self ☐Co-applicant ☐Children ☐Roommate ☐Other

Do the primary caretakers for the household travel often? ☐ Yes ☐ No

| When traveling, who will care for your pets? |  |
| --- | --- |

| How many hours will your dog be alone during a typical day? |  |
| --- | --- |

Do you have a pet door? ☐ No ☐ Yes

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Do you have a fenced yard? ☐ No ☐ Yes, what kind & how tall?

| If you don’t have a fence, how do you plan to keep the dog in the yard when outside?  |
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Please list all current pets:

| Species | Breed | Age | Spayed/Neutered? | Current Vaccines? | Name |
| --- | --- | --- | --- | --- | --- |
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Please list all past pets you have owned as an adult:

| Name | Species | Breed | Age | How long did you have pet? | Describe what happened? |
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Are any of your current pets on heartworm prevention? ☐ No ☐ Yes, what type?

Please provide your veterinary information (if you do not currently have a vet, list who you plan to use):

| Veterinarian Name: |  | Veterinarian Phone: |  |
| --- | --- | --- | --- |

| Veterinarian Address: |  |
| --- | --- |

| How much do you expect to spend annually on vet care? |  |
| --- | --- |

If your pet develops an expensive medical problem, what would you do?

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☐Have them put to sleep ☐Give to rescue group or shelter ☐Other:

Are any of your current dogs or have any previous dogs been debarked? ☐ No ☐ Yes

Will you debark your new pet? ☐ No ☐ Maybe ☐ Yes

Will you crop/dock the ears or tail of your new dog? ☐ No ☐ Maybe ☐ Yes

Where will the new pet primarily live?

☐Indoor mostly (outside for potty & exercise) ☐Outdoor mostly, inside occasionally ☐ Strictly Outdoors

Where will the new pet stay when you are not home?

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☐Crate ☐Basement ☐Outdoors ☐Free run of house ☐A single room ☐Other:

Have you ever given a pet away? ☐ No ☐ Yes

If yes, who were they given to? ☐Family/Friend ☐Rescue Organization ☐Shelter ☐Return to Breeder ☐Sold ☐Other

| If you have given away a pet, what circumstances lead to that needing to happen? |  |
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| What circumstances, in your mind, justify giving up a pet? |  |
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If you date or marry someone who does not like, want, or is allergic to pets, what will you do?

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☐Find pet another home ☐Have pet put to sleep ☐Give pet to rescue group or shelter ☐Other:

| If something were to happen, and you are unable to continue to care for the dog, what will you do (backup plan)?  |
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| What piqued your interest in the pet that you are applying for? |  |
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| Have you done any research on the type of pet or breed that you are applying for? ☐ No ☐ Yes, please explain: |
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| Will you be doing any training with this pet? ☐ No ☐ Yes, if yes, what kind are you planning on doing? |
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Are you willing and able to accept the long-term commitment and financial expenses that come with owning and properly caring for a dog? Keeping in mind that they may live to be 15+ years old and as they reach their later years will often develop potentially expensive medical conditions. ☐ No ☐ Yes

References:

| Name: |  | Phone: |  | Relationship: |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Phone: |  | Relationship: |  |
| Name: |  | Phone: |  | Relationship: |  |

By signing this application, I am stating that I have answered all questions completely and truthfully. In the event that Semper Fi Legacy Rescue (at any later time) discovers a falsehood, the adoption shall be annulled and the dog seized.

I consent to Semper Fi Legacy Rescue representatives contacting & discussing this application with any persons named.

Semper Fi Legacy Rescue reserves the right to deny any application for any reason. All completed applications become the property of Semper Fi Legacy Rescue Inc.

| Applicant Signature: |  | Date: |  |
| --- | --- | --- | --- |

| Co-applicant Signature: |  | Date: |  |
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**Office Use Only**

Application Approved?

☐ Yes

☐ No

| If not, why: |  |
| --- | --- |

| Reviewed By: |  | Date: |  |
| --- | --- | --- | --- |