

You and Your Family

Please Note: You must be 21 years old to complete an application.

Your Name:

E-mail Address:

Home Address:

City: State: Zip:

Home Phone: Cell Phone:

Work Phone: Best Time to call:

Number of persons living in the home: Number of children, list their ages:

If no children live in your home, list the ages of visiting children that may come to your home:

Dog Preferences/Information

If you are the owner of the terrier, and we are providing adoption services, please fill in the information relevant to your dog(s). Sections that do not apply to your dog indicate with N/A.

Please check any preferences you may have regarding gender, size, or age.

Preferred gender: Preferred age range:

Preferred size? Would you consider a Terrier mix?

What other breeds would you be willing to foster?

Are you willing to foster a dog with special medical needs?

Are you willing to accept a dog with a history of neglect/abuse?

Are you willing to accept a dog with behavior problems which require special training?

Are you willing to accept a dog who is not potty trained? Keep in mind that most rescued dogs, regardless to where they came from, are NOT potty trained. If this is a requirement for you, it is NOT likely that we will have a foster dog for you to help.

Why a Terrier?

Have you previously owned a Terrier?

What do you like about the terrier breed?

Describe what you feel are the characteristics of the ideal Terrier for you & your family.

Your Home

Please circle your current residence.

Home Owner

Home Renter

Apartment

Other _____

If you **rent** a home or apartment, do they allow pets?

Is your yard, or a portion of your yard, securely fenced?

If you live in an apartment or do not have a fenced yard, please describe how you plan to exercise your Terrier and allow it to relieve itself:

Please list all current pets that you own or foster. Include breed, age, gender, and if they are neutered/spayed, up-to-date on vaccinations:

Are you within the animal number limits for your area if you add a foster to your home?

What is the limit number for your city/county?

References

Please provide three names as references; **YOUR FIRST REFERENCE MUST BE YOUR VETERINARIAN.** You must include your landlord (if you rent your home or apartment) as a 4th reference. Other references could include a neighbor or anyone who owns a Dachshund, such as a friend, relative or co-worker who has knowledge of you with your dogs past or present. All 3 references may not be relatives. Your references will be checked! Your application will not be considered if you do not complete this section.

1. **MUST BE YOUR VETERINARIAN (be sure to call your veterinarian, to ensure we are able to obtain information, when we call)**
 - a. **Clinic Name:**
 - b. **Animals listed with this Vet (alive/deceased):**
 - c. **Phone Number/best time to call:**

2. **Personal Reference Name:**
 - a. **Relationship:**
 - b. **Phone Number/best time to call:**

3. **Personal Reference Name:**
 - a. **Relationship:**
 - b. **Phone Number/best time to call:**

4. **LANDLORD (only if you rent)**
 - a. **Name:**
 - b. **Phone Number/best time to call**

HISTORY OF PET OWNERSHIP

Please list below all pets previously owned (not listed above), when you last owned them, how long you owned them, what happened to them, and month/year sold, lost, died:

All of the information I have provided is true and complete to the best of my knowledge. Should a Terrier be placed with me, it will reside in my home as a pet. I agree to provide the dog with adequate food, water, shelter, affection and medical care.

Medical care is paid for by Wag N Train Terrier Rescue while the dog is in foster care, unless the dog is owned by you, and we are only providing adoption services for you. Any medical care must be pre-approved prior to scheduling an appointment. You will be required to schedule appointments, as well as, transporting your foster to pre-approved veterinarian(s) that provide services for Wag N Train Terrier Rescue. You will be asked to pay for any medical costs that are not pre-approved or necessary, to include grooming.

Signature of Applicant:

Date of Application: