



West Coast Dog and Cat Rescue Canine Adoption Application

Completion of this application does not guarantee adoption of a rescue animal.

Name of applicant _____ Occupation _____

Name of spouse/significant other _____ Occupation _____

Names/Ages of Children if any _____

Street address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address _____

May we add you to our mailing list? Yes No

Do you live in a: House Apartment Condominium Town house Other

Are you willing to permit WCDC staff to conduct a home inspection? Yes No

Home inspection is required for adoption.

Do you: Own Rent Other, please explain _____

If you rent, do you have your landlord's permission to have a pet? Yes No

Landlord's name and phone number _____

Will the dog be: Indoor only Indoor/outdoor Outdoor only

About what percent of time will the dog be left alone _____

Where will it be when left alone _____

What area(s) of the house will the dog be allowed? _____

Where will the dog sleep at night? _____

Do you have a fenced yard? Yes No If so, how high is the fence? _____

Type of fence? _____ Are the gate(s) normally locked? Yes No

Why do you want a dog? (Check all that apply)

House pet

Companion for family

Companion for pet

Companion for children

Protection for home/family

Protection for business

Watchdog

Gift

Other _____

Other pets (specify number of each): Dogs _____ Cats _____ Other _____

If you have any dogs or cats, are they spayed/neutered? Yes No Licensed? Yes No

What pets have you had in the Past? _____

What happened to them? _____

What would happen to the dog if you moved? Locally? _____

Out of state? _____

Out of the country? _____

Do you have a regular veterinarian? Yes No If so, vet's name _____

Name of clinic _____

Address _____ Phone _____

Does anyone in your household have allergies? Yes No What kind? _____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed and an animal which might be destructive at times? Yes No

Remember, pets are an investment of you time and money. Can you afford to provide medical care, proper diet, proper shelter, and exercise for your new pet? Yes No

What do you expect to pay in annual veterinary care \$ _____

Do you have the means to afford an unexpected illness/injury? (Approx. \$2000) Yes No

Are you able to make a long term commitment to care for you pet for its entire life span, which could be as much as 15-20 years? Yes No

Under what circumstances would you not be able to keep this dog?

Signature _____ Date _____

By signing this contract you agree that all above said information is true. If any false information or omission is discovered now or at any time that the pet is still living you agree to surrender the pet back to the adoptee.

We reserve the right to refuse any client at any time. This questionnaire becomes part of our contract.