



# Dreamer's Foundation Adoption Application

*The Dreamer's Foundation does not have paid employees. Our organization is run entirely by volunteers, and your assistance is greatly appreciated.*

Name: \_\_\_\_\_

The dog you are interested in adopting: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Evening Phone: (     ) \_\_\_\_\_

### *Living Space & Pet Area*

Do you rent or own your home? \_\_\_\_\_ If you rent, how many pets are allowed? \_\_\_\_\_

*If you rent, please provide a letter of permission from your landlord as well as contact information.*

Landlord Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_ Do you have a fenced yard? \_\_\_\_\_

If you do not have a fenced yard, do you plan on installing one? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_\_\_

How many hours a day will the pet be left alone? \_\_\_\_\_

If no one is home, where will the pet be kept? \_\_\_\_\_

Will the pet be kept indoors? \_\_\_\_\_ If not, then where? \_\_\_\_\_

How will the pet be exercised? \_\_\_\_\_

### *Family Information*

Does every family member agree to owning a pet? \_\_\_\_\_

Do you have children? If so, how old are they? \_\_\_\_\_

Are your children good with pets? \_\_\_\_\_

Who will be the primary caretaker of the pet? \_\_\_\_\_

### *Please tell us about any pets you have:*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Still Own: \_\_\_\_\_

Does it live indoor or outdoors? \_\_\_\_\_ Is it good with other animals? If no, please explain. \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Still Own: \_\_\_\_\_

Does it live indoor or outdoors? \_\_\_\_\_ Is it good with other animals? If no, please explain. \_\_\_\_\_

What happened to the pets you no longer own: \_\_\_\_\_

May we contact your vet? YES / NO

Name of Veterinarian: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

If you experience behavioral problems with your pet, how will you deal with it? \_\_\_\_\_

If you move, what will you do with your pet? \_\_\_\_\_

*Please list two (2) personal references (NOT related to you) that you have known for at least two (2) years.*

Reference 1

Name: \_\_\_\_\_ Daytime Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Reference 2

Name: \_\_\_\_\_ Daytime Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Are you willing to allow a representative of the Dreamer's Foundation to visit your home as part of the adoption process? Yes / No

*Please initial each of the following statements.*

1. I agree that if the adoption process is completed, than I must have the pet examined by a licensed veterinarian within 5 days for a health check. \_\_\_\_\_
2. I understand any vaccinations and deworming performed by the Dreamer's Foundation are not a guarantee of health. \_\_\_\_\_
3. I agree and understand, any vaccinations and deworming performed were done only as a precautionary health measure and that the Dreamer's Foundation is not responsible for any future medical treatment or bills resulting from the health of the pet after the adoption is complete. \_\_\_\_\_
4. If there comes such a time when I can no longer care for my pet, I agree to contact the Dreamer's Foundation for return of the animal. No judgments will be made and I understand **NO PET MAY BE TAKEN TO THE SHELTER!** \_\_\_\_\_
5. A minimum \$150.00 adoption fee must be paid at the time of adoption. This fee could be higher due to the cost associated with each individual dog. \_\_\_\_\_

I, \_\_\_\_\_, agree that this application is only a consideration for adoption and that the Dreamer's Foundation reserves the right to refuse any applicant at any time for any reason. I certify that by submitting this application, any and all information provided is true and correct and that I am at least 18 years of age.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dreamer's Foundation Representative

\_\_\_\_\_  
Date