

Sebring Angels Pet Adoption Application

Thank you for your interest in adopting a dog rescued by Sebring Angels. Sebring Angels wants to make certain that every animal adopted goes to a loving home where it will be well cared for. Because of this, our application asks a number of detailed questions which are necessary for our screening process.

Two important notes:

- 1) Sebring Angels does not own or operate a free-standing building to house adoptable pets.
- 2) A "Meet and greet/ home visit" is required for all pet adoptions.

*All information will be kept confidential. If you have any questions, please email SebringAngels@gmail.com or Private Message us on Facebook.

Name of dog you are interested in: _____

PERSONAL INFORMATION (Please print):

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home phone: _____ Cell phone: _____

*NOTE: You must be at least 18 to adopt from Sebring Angels.

ABOUT YOUR HOME: Please complete this section for the household in which your dog will reside.

- 1. Type of residence (Circle One): HOUSE APARTMENT/CONDO OTHER: _____
- 2. Do you: OWN RENT
- Landlord's name: _____ Phone: _____
- 3. Are there pet restrictions? YES NO
 If yes, what are they? _____
- 4. How long have you lived at this address: _____
- 5. What would you do if you moved to a residence where dogs are not permitted? _____

ABOUT YOUR FAMILY

- 1. How many people are in your household?
 Adults over the age of 18 (including self): _____ Ages: _____
 Children: _____ Ages: _____
- 2. Are all members of your household in agreement about adopting a dog? Y N
- 3. Who will be the primary caregiver for this animal? _____
- 4. How will you care for your dog when you are away from home (Vacation)?

5. In the event of an emergency, who would care for your dog or what arrangements would you make? _____

ABOUT YOUR CURRENT PET(S)

<u>Name</u>	<u>M/F</u>	<u>Spayed/neutered</u>	<u>Dog/cat/other</u>	<u>Age</u>	<u>Veterinarian/ Phone</u>

1. Are all animals in your home current on:

Rabies/Distemper: Y N If not, why? _____

Heartworm Prevention: Y N If not, why? _____

Flea/Tic Prevention: Y N If not, Why? _____

2. If you have a cat, does it get along with dogs? _____

3. If you have a dog, does it get along with other dogs? _____

PET HISTORY

1. Have all of your family members been around dogs? Y N

2. Have you had the experience of being primary caregiver to a dog? Y N

3. Have you previously applied to adopt or foster from Sebring Angels? Y N

4. Have you ever adopted from Sebring Angels in the past? Y N

PLANS FOR YOUR NEW PET

1. Will the dog live:

Indoors mostly/Outdoors for elimination and exercise

Outdoors mostly/Indoors on occasion

Outdoors only

2. Where will the dog be when nobody is home?

Indoors Outdoors Either Indoors or Outdoors

3. For how many hours would the dog be alone during the day? _____

4. Describe your yard:

No yard Unfenced yard Partially fenced yard Completely fenced yard

Height of fence: _____ Made of? Wood Chain link Brick Other _____

5. Are you aware that some dogs require a period of weeks or even months to adjust to their new home/environment/family/other pets? Y N

6. Are you willing to allow for this adjustment period? Yes No

7. Are you willing to bring your pet to a veterinarian for yearly exams, and for vaccinations per your

veterinarian's recommendations? Y N

8. Are you able to commit to providing a home for a dog for the life of the dog? Y N

9. What circumstances might justify giving up a dog? (check all that apply)

- Baby
- Divorce
- Dog not getting along with other pets
- Moving
- Allergies
- Shedding
- Behavior problems/ Destructive
- House soiling/urine marking
- Want to travel
- Dog becomes ill
- Children lost interest
- Too time consuming
- None
- Other _____

10. If your dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of a Sebring Angels representative or dog obedience specialist? Y N

PREFERENCES

1. I prefer a dog that is: Small Medium Large Any size

2. Reasons for adopting: Companionship Watch dog Other: _____

3. Energy level preferred: High Medium Low

4. I intend to (check all that apply):

- Walk dog on a leash
- Walk dog off leash
- Bring dog to a dog park
- Hunt with the dog
- Go jogging or hiking with the dog
- Let the dog exercise himself in the yard

5. I prefer a dog who is (check all that apply):

- Adult
- Senior
- Puppy
- Male
- Female

6. Breeds/mixes I prefer: _____

7. Breed/mixes I will not consider: _____

8. Please share with us anything you would like for us to know about the new dog that you would like to add to your family: _____

I certify that the information I have given is accurate. I understand that Sebring Angels has the right to deny any application. I give permission for a representative of Sebring Angels to call my references, my Landlord, and any Veterinarian's offices I have listed, if necessary.

Applicant

Date

Sebring Angels Volunteer

Date