



## APPLICATION FOR ADOPTION

To help ensure the best placement of our rescued dogs, and in order to determine that the proposed adoption is in the best interest of both the dog and you and your family, please complete each of the following. Please be thorough, as incomplete applications will not be considered. Veterinarian reference is highly recommended.

***Return completed application to: Colorado Pug Rescue, 96 Yucca Ct., Gunnison, CO 81230***

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**E-Mail address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Name of employer** \_\_\_\_\_ **How long there?** \_\_\_\_\_

**Spouse's occupation** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

Have you owned other pets before? \_\_\_\_\_

If yes, list kinds and number of pets you have owned in the past 7 yrs. If no, why do you want a dog now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you still have the pets listed above? \_\_\_\_\_ If not, why not, and what happened to them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What pets do you currently own? List kinds and numbers of each. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are they spayed or neutered? \_\_\_\_\_ If not, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Why do you want a pug? \_\_\_\_\_  
\_\_\_\_\_

Have you ever owned this breed before? \_\_\_\_\_

How have you educated yourself about this breed of dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your preference regarding: Sex of dog \_\_\_\_\_ Fawn / Black \_\_\_\_\_

Age: minimum \_\_\_\_\_ maximum \_\_\_\_\_

Will you consider something other than your stated preference? \_\_\_\_\_

Are you willing to consider a pug with special needs? \_\_\_\_\_

If yes, please select all special needs you would accept:

\_\_\_\_\_ Daily injections      \_\_\_\_\_ Daily eye drops      \_\_\_\_\_ Special prescription diet  
\_\_\_\_\_ Daily prescription medication

Are you willing to consider a pug with disabilities? \_\_\_\_\_

If yes, please select all disabilities you would accept:

\_\_\_\_\_ Blind      \_\_\_\_\_ Deaf      \_\_\_\_\_ Mobility problems

List names and ages of members of your household. \_\_\_\_\_  
\_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

If renting, do you have your landlord's permission to keep dogs? \_\_\_\_\_

Can you provide us with such permission in writing? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Where will you keep the dog? \_\_\_\_\_

During the day? \_\_\_\_\_

During the night? \_\_\_\_\_

During family absences overnight? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ If yes, how large an area is fenced and what kind of  
fencing? \_\_\_\_\_

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If you do not have a fenced yard, how will you exercise the dog; confine the dog; provide for his need to eliminate? \_\_\_\_\_

What is the maximum number of hours your dog will be left alone during a 24 hr period? \_\_\_\_\_

Where will he spend this time? \_\_\_\_\_

Do you object to the discriminate use of a crate or cage? \_\_\_\_\_

Do you have one? \_\_\_\_\_ Would you get one? \_\_\_\_\_

What will you do if your dog is destructive when left alone? \_\_\_\_\_

Are you willing to attend obedience classes with your dog? \_\_\_\_\_

Have you ever trained a dog before? \_\_\_\_\_

Have you ever surrendered a pet of yours to an animal shelter? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever sold or given away one of your pets? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Can you afford to spend at least \$200 per year for food and routine medical care for your pet?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Has anyone in your immediate family/household ever been convicted of a charge related to cruelty to animals or child abuse? \_\_\_\_\_

Is there any such charge pending? \_\_\_\_\_ Has any such charge ever been filed? \_\_\_\_\_

If you said yes to any of the above, please explain and give disposition of charge. Use additional sheet if necessary. \_\_\_\_\_

List your regular veterinarian with address and phone number: \_\_\_\_\_

May we visit your home and check your references to verify the information you have provided?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

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What are the requirements for dog ownership in your community? How many pets may you legally have? \_\_\_\_\_

Are dogs required to be vaccinated against rabies? \_\_\_\_\_

What will you do with your dog if you move? \_\_\_\_\_

Is anyone in your household allergic to dogs? \_\_\_\_\_

How much time per day will you spend with your dog? \_\_\_\_\_

What do you plan to feed your dog? (Be specific please.) \_\_\_\_\_

What circumstances, in your mind, justify getting rid of a dog? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this application. By signing below you attest to the truthfulness of your answers. Falsification of any of the above information will be grounds to disallow your adoption of a rescued dog.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

If there are two responsible adults in household, both must sign as an applicant.

**COLORADO PUG RESCUE RESERVES THE RIGHT TO REFUSE ANY ADOPTION**

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***THIS SECTION FOR USE OF RESCUE GROUP REPRESENTATIVE***

Application: approved \_\_\_\_\_ disapproved \_\_\_\_\_ withdrawn \_\_\_\_\_ other \_\_\_\_\_

Name and phone number of rescue group representative:

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_