



**RecycledPomeranians.com**

☘ 214-778-7758 ☘

**We need foster homes!**



## ADOPTION APPLICATION

Our goal is to place pets in permanent, loving homes. Please complete this application so we can assist you in finding a special, compatible companion to join your family. With this information, we can minimize the risk of a failed adoption. ***We do not adopt our dogs on a "first come, first served" basis, but rather try to match families to available dogs.*** **PLEASE NOTE: All animals are the legal property of Recycled Poms & Schipperkes until the requisite Adoption Contract is signed, all requirements of the Contract are met, and the adoption fee is received. The dogs are placed in permanent homes at our discretion. Recycled Poms & Schipperkes may refuse to adopt to anyone without providing a specific reason.**

**Adoption Fees: \$200 to \$400**

Our adoption fees help to defray the costs of spaying/neutering, testing and vaccinating our pets, treatment of parasites, any necessary surgeries, and heartworm treatments. These fees do not cover all the expenses. Our animals are tested for parasites, heartworm tested and placed on heartworm preventative and altered prior to adoption.

Please print clearly. (Must be at least 20 years of age to adopt.) YOUR NAME: \_\_\_\_\_  
 Name of animal in which you are interested: \_\_\_\_\_ Date: \_\_\_\_\_  
 Breed/Description: \_\_\_\_\_ Male/Female: \_\_\_\_\_

### Release for Veterinary Reference (to be completed by potential adopter)

I, \_\_\_\_\_, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals, to Recycled Poms & Schipperkes.

\_\_\_\_\_  
(Signature)

My current veterinarian is \_\_\_\_\_, located at \_\_\_\_\_, and can be reached at (\_\_\_\_) \_\_\_\_\_.

*If you don't have a current vet, please list a past vet.*

Your DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address (include City and Zip Code): \_\_\_\_\_  
 Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_  
 Spouse/Partner's Employer: \_\_\_\_\_

How many hours would this pet be alone during the day?  
 8 hours or more    8 hours or less    I work from home    Other

Where will the pet stay while home alone: \_\_\_\_\_

What will happen to this pet if you lose your job: \_\_\_\_\_

[Ruffdogpictures@yahoo.com](mailto:Ruffdogpictures@yahoo.com) or fax to 972-479-9148

Do you have a pet door?  Yes  No

If "No", how will you handle the dog's elimination needs when you are not home? \_\_\_\_\_

Where will this pet sleep at night:

What will happen to this pet if you die? \_\_\_\_\_

Have you housetrained a dog before?  Yes  No If "Yes", describe how you accomplished this: \_\_\_\_\_

Do you travel frequently?  Yes  No If so, how often? \_\_\_\_\_

What will you do with the pet when you travel? \_\_\_\_\_

What will you do with this pet if you have to move? \_\_\_\_\_

Have you heard the term "socialization"?  Yes  No

Do you realize that socialization means taking your dog outside of your home, and correctly introducing the pet to other people and other dogs?  Yes  No

Are you willing and able to expend the required amount of time and energy to "socialize" your dog, and to expose your dog to other dogs, people, and children?  Yes  No

Do you consider yourself to be:  very active  moderately active  seldom active

Do you smoke?  Yes  No If yes, do you smoke inside your home or allow others to do so?  Yes  No

How would you exercise the dog? \_\_\_\_\_

Do you live alone or with family? \_\_\_\_\_

Does every adult in the household want this particular dog?  Yes  No

Does anyone in the household have allergies to pets?  Yes  No

Do you have children?  Yes  No If "Yes", what ages? \_\_\_\_\_

Do you  own  rent  house  apartment (check all that apply).

If renting, does your lease allow pets?  Yes  No Breed or weight restrictions? \_\_\_\_\_

Pet deposit required?  Yes  No (We will need confirmation of payment of any required pet deposit.)

Rental manager's name and phone number: \_\_\_\_\_

Do you have a fenced yard?  Yes  No What type of fence and how high? \_\_\_\_\_

Are your gates securely locked?  Yes  No If "No", are you willing to add a lock?  Yes  No

Do you have a pool?  Yes  No If "Yes", is the area fenced off?  Yes  No

Have you had this breed/mix before?  Yes  No Have you had a rescued animal before?  Yes  No

**A rescued animal will have a period of adjustment which may be from two weeks to a few months. Are you willing to commit to this adjustment period and follow recommendations for a smooth transition?  Yes  No**

Have you ever adopted from a rescue group or shelter?  Yes  No If so, what group/shelter? \_\_\_\_\_

Have you ever applied to adopt an animal and been declined?  Yes  No If "Yes", explain: \_\_\_\_\_

Have you ever given up animal(s)?  Yes  No If so, why?

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What did you do with the animal(s) that you gave up?

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What qualities are you looking for in a pet? (Please be specific)

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What traits or characteristics are you sure you do **NOT** want?

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Do you give permission for a representative of Recycled Poms to visit your home prior to adoption to do a home check and after adoption to do follow up visits?  Yes  No

**PET OWNERSHIP HISTORY**

Do you or did you have other pets? Please state the breed, sex, etc. of each pet, including whether it was spayed or neutered, **on heartworm preventative**, how and when the pet was acquired, and why you no longer have the animal. If necessary, attach another sheet or write on the back.

**Name:** \_\_\_\_\_  dog  cat  other    How acquired? \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

Breed(s): \_\_\_\_\_  male  female  spayed  neutered (check all that apply)

Heartworm preventative?  Yes  No    **What kind of Heartworm preventative? \*** \_\_\_\_\_

When last given? \_\_\_\_\_ Date of last shots:    DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_

Where did this animal sleep?    during the day: \_\_\_\_\_ during the night: \_\_\_\_\_

Where did the pet stay while you were away or at work? \_\_\_\_\_

Did this pet have any health problems?  Yes  No    If "Yes", explain: \_\_\_\_\_

What happened to this pet? \_\_\_\_\_

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**My signature below affirms that the statements above are true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*PLEASE NOTE: THIS IS ONLY THE APPLICATION. IF AN ADOPTION IS PURSUED, AN ADOPTION CONTRACT MUST BE SIGNED AND RETURNED. ALL REQUIREMENTS OF THAT CONTRACT MUST BE MET, AND THE ADOPTION FEE RECEIVED BEFORE AN ADOPTION IS CONSIDERED FINAL.**

Personal References:

**Name:** \_\_\_\_\_ Relationship \_\_\_\_\_

How long known? \_\_\_\_\_ Phone No. \_\_\_\_\_

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

**Name:** \_\_\_\_\_ Relationship \_\_\_\_\_

How long known? \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Notes: