

# Adoption Application

"A little patience and love will be rewarded by a loyal, life long friend."



## Section I – Process Overview

- Contact Dalmatian Rescue, Inc.
- Obtain, complete and submit this Adoption Application. Form available at: [www.dalmatianrescue.com](http://www.dalmatianrescue.com)
- Fax vaccine & heartworm status of current pet(s) directly to Dalmatian Rescue (305)940-3320
- A home visit will be conducted by the Director of Dalmatian Rescue
- A meet and greet with the pets will take place at the pet's foster home. We encourage you to bring the children along as well as other pets in your home that need to be a part of this process.
- The adoption fee is \$200. This adoption fee helps us with medical and food costs for the adoptable pets and also aids in future rescue efforts to save more lives. This fee is non refundable.
- Pick up your new life-long companion!!
- NOTE → Dalmatian Rescue, Inc. reserves the right to decline an adoption request

## Section I – Pet Preferences

What age pet are you looking for? \_\_\_\_ puppy, \_\_\_\_ young adult (2-5), \_\_\_\_ over 5, \_\_\_\_ senior.

Does it matter if your pet is housetrained? Yes / No                      How will you housetrain the pet if it is not already housetrained upon adoption? \_\_\_\_\_

Why do you want to adopt a Dalmatian? \_\_\_\_\_

If you have never had a Dalmatian as a pet, have you researched the breed? Yes / No                      If yes, where did you get the information and do you have any questions or concerns? \_\_\_\_\_

Are you aware that the Dalmatian breed requires a lot of stimulation and exercise? Yes / No                      How do you plan on providing this? \_\_\_\_\_

## Section II – Your Identification Information

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

Driver License #: \_\_\_\_\_

State: \_\_\_\_\_ Exp: \_\_\_\_\_

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

# Dalmatian Rescue. Inc.

P.O. Box 640108  
N. Miami Beach  
FL 33164  
dalmatianrescue.org  
dalmatianrescue.petfinder.org

Phone (305)940-3320  
Pager (305)996-0720  
[fladalrescue@aol.com](mailto:fladalrescue@aol.com)  
[petsatrisk@aol.com](mailto:petsatrisk@aol.com)  
[patidane@aol.com](mailto:patidane@aol.com)

## Section III – Residence Information

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Do you live in a \_\_\_\_ condo, \_\_\_\_ Apt, \_\_\_\_ Townhouse, \_\_\_\_ Duplex, \_\_\_\_ Mobile Home \_\_\_\_ House?

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

How long have you lived at this residence? \_\_\_\_\_

If you rent:

Do you have a lease contract? Yes / No

What is the length of your lease? \_\_\_\_\_

Name of landlord/association/owner? \_\_\_\_\_

Telephone number with area code: \_\_\_\_\_

Fax number with area code: \_\_\_\_\_

Do you have landlord approval for pets? Yes / No

Weight restriction for pets? Yes / No      Weight limit? \_\_\_\_\_

Dog breed restriction? Yes / No

Security deposit required? Yes / No      Insurance restrictions? Yes / No

Is the yard fenced? Yes / No      Fence type? \_\_\_\_\_      Fence height? \_\_\_\_\_

What areas are fenced? \_\_\_\_\_

Do you have a pool? Yes / No      If yes, is the pool fence? Yes / No      What precautions will you take to ensure your pet's safety around the pool/lake/pond/canal? \_\_\_\_\_

## Section IV – Human Living Environment

How many adults reside in your home? \_\_\_\_ How many children? \_\_\_\_, their ages: \_\_\_\_\_

Is anyone home during the day? Yes / No      If yes, whom? \_\_\_\_\_

Is anyone allergic to pets? Yes / No      If yes, how will that person treat allergies? \_\_\_\_\_

## Section V – Pet Living Environment

If there is no one home during the day where will the pet stay during the day? \_\_\_\_\_

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

What is your plan for the pet's care while on vacation or during the threat of a hurricane? \_\_\_\_\_

Flea control: How do you currently control them or plan to control them? \_\_\_\_\_

What type of heartworm prevention do you use or plan to use? \_\_\_\_\_

## Section VI – Current/Previous Pets

How many pets do you have now? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Exotics \_\_\_\_\_

Dog / Cat      Gender? M / F      Age? \_\_\_\_\_      Breed? \_\_\_\_\_      Altered? Yes / No

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[patidane@aol.com](mailto:patidane@aol.com)

Dog / Cat	Gender? M / F	Age? _____	Breed? _____	Altered? Yes / No
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Dog / Cat	Gender? M / F	Age? _____	Breed? _____	Altered? Yes / No

What county do you license your pets in? \_\_\_\_\_

Are any of your pets adopted from a rescue or animal shelter? Yes / No

Which shelter/organization? \_\_\_\_\_

Name & telephone of organization? \_\_\_\_\_

If your current pets are not altered, please explain why? \_\_\_\_\_

\_\_\_\_\_

If your pet(s) is/are not currently altered, are you willing to do so prior to adoption? Yes / No If not, why not?

\_\_\_\_\_

How many pets have you had in the last five (5) years and where are they now? \_\_\_\_\_

\_\_\_\_\_

What are the temperaments of the pet(s) you have now? \_\_\_\_\_

\_\_\_\_\_

Current Vet's information:

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

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Does this vet have your current & previous pet(s) vaccine records and heartworm status on file? Yes / No

If No, who has them? \_\_\_\_\_, their contact information: \_\_\_\_\_

Emergency Vet care information:

Name of facility: \_\_\_\_\_

Is this a 24 hour facility? Yes / No If No, will a vet be called in? yes / No

How do you plan to pay for the cost of emergency vet care? \_\_\_\_\_

Have you ever turned an animal into a shelter before? Yes / No If yes, please explain:

\_\_\_\_\_

Have you had a pet euthanized before? Yes / No If yes, please explain:

\_\_\_\_\_

Have you ever been denied by another rescue organization or shelter before? Yes / No If yes, what organization/shelter? \_\_\_\_\_

## Section VII – Miscellaneous

How did you hear about Dalmatian Rescue? \_\_\_\_\_

## Section VIII – Home Visit

Which day and time would be best for us to conduct the home visit (Please list several if possible)?

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

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## Section IX – References

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

Contact Info: \_\_\_\_\_

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

Contact Info: \_\_\_\_\_

## Section X - Affirmation

I, \_\_\_\_\_ (your name) agree to the terms and conditions of this adoption application. The information I have provided on this application is true and correct.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

Reviewed by Dalmatian Rescue Director \_\_\_\_\_

Dalmatian Rescue, Inc. is a no-kill, not for profit organization. One hundred percent of your contribution goes to Dalmatian Rescue, Inc. No professional solicitor will retain any percentage of your contribution. Our Florida Dept. of Agriculture & Consumer Services Registration number CH10912. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1 800 435-7352 within the state of Florida.