



ADOPTION APPLICATION

After carefully answering the questions below (please do not leave questions blank) mail application with fee to the address below. Please allow five business days for us to get back to you. There is a \$25 non-refundable application fee. Application fee will be applied to adoption donation if you are approved to adopt.

Your Contact Information

Date: _____

Name(s) (both names if a joint application): _____

Street Address: _____

(Apt. #): _____

City: _____ State: _____ Zip: _____

Home Phone with Area Code: _____

Occupation(s): _____

Work Phone with Area Code: _____

Mobile Phone with Area Code: _____

E-mail Address: _____

Driver's License Number: _____

[Privacy Note: The requested information is for the private use of BlueMoon Meadows and will never be made public.]

Name(s) Pet(s) You are Interested In Adopting

Questionnaire

1) Have you ever owned a dog before? Yes: _____ No: _____

Do you still have that dog? Yes: _____ No: _____ M/F? _____ Age? _____

Spayed/Neutered? Yes: _____ No: _____ If no, please explain.

2) What happened to your last dog?

3) Please explain your responses below. During the last two years:

a) Have you lost a pet (not through death)?

b) Have you had one poisoned?

c) Have you had an animal killed by a vehicle?

d) Have you had an animal die due to disease?

If yes, what did the animal die of?

4) For what purpose do you want this dog?

5) Do you have any other animals? Yes: _____ No: _____ If yes, list type, age, and sex:

Are all pets spayed/neutered? Yes: _____ No: _____

[Due to the many health benefits accruing from spaying and neutering, as well as to prevent accidental litters, we require that all resident pets must be neutered/spayed.]

6) Do you have children at home? Yes: _____ No: _____ If yes, Number: _____
Age(s): _____

7) Do you live in a house? _____ Apartment? _____ Condo? _____

8) Do you rent? _____ Own? _____

9) If you rent, do you have the landlord's written permission to keep a dog and proof of pet deposit where required? Yes: _____ No: _____

[Please attach a copy of the landlord's permission and your pet deposit receipt; we will not do the home visit or adoption without it, nor will we contact landlords to secure these documents.]

10) Do you have a fenced in yard? Yes: _____ No: _____

What type of fencing? _____ chain _____ wood _____ other (please describe)

If you have a doggy door, does it open only into the fenced yard? Yes: _____ No: _____

If you live in an apartment/town home, is there a safe place to walk/exercise the dog?
Yes: _____ No: _____

11) Is someone home during the day? Yes: _____ No: _____ If no Please explain:

12) What provisions will be made for your dog if nobody is home during the day?

Loose inside? _____ In crate? _____ In fenced yard? _____

13) Do you intend to keep this dog primarily indoors _____ or outdoors _____?

Where will the dog sleep? Please explain: _____

14) Do you have a sex preference? Yes: _____ No: _____ Male: _____ Female: _____

Would you consider the opposite sex? Yes: _____ No: _____

15) Do you have a color preference? Yes: _____ No: _____ Color: _____

Second color choice: _____

16) What age range would you prefer? _____

Would you consider an older dog? Yes: _____ No: _____

If yes, to what age? _____

17) Are other members of your household aware that you are considering adopting a pet?
Yes: _____ No: _____

Does *everyone* in your home want this dog? Yes: _____ No: _____

18) Are you prepared to assume the financial responsibilities of caring for an animal, including inoculations, heartworm preventative, veterinarian care, good quality food, licensing, etc.?
Yes: _____ No: _____

Name, Address and phone number of your Veterinarian: _____

[Please let your clinic know we will be calling so they can release information to us.]

I hereby authorize the veterinarian named herein to release information about me or my pet(s) to BlueMoon Meadows as necessary to evaluate this application.

[In order for the application to be considered, the veterinary records for current resident pets must be complete and up to date; all resident dogs and cats must be vaccinated, and dogs must be on heartworm preventative. There are no exceptions to this requirement.]

19) Do you understand that the dog you adopt must be kept on monthly heartworm and flea preventative?

Yes: ____ No: ____

20) Are you planning to move in the near future? Yes: ____ No: ____ If yes, please explain.

If yes, are you willing to give BlueMoon the new address? Yes: ____ No: ____

21) Is anyone in your house allergic to animals? Yes: ____ No: ____ If yes, please explain how the allergy is treated if you are bringing in a dog.

22) Are you familiar with the animal control regulations in your area? Yes: ____ No: ____

23) What circumstances, in your mind, justify giving up a dog?

24) Are you willing to allow a *BlueMoon Meadows* representative to visit your home by appointment?

Yes: ____ No: ____

25) Please provide three **references** other than your veterinarian (Examples: groomers, dog trainers, rescue organizations, other pet owners).

_____ (name) _____ (phone/e-mail)

_____ (name) _____ (phone/e-mail)

_____ (name) _____ (phone/e-mail)

26) How did you hear about *BlueMoon Meadows Inc. Rescue Program*?

__ Internet Search ____ Petfinder ____ Vet, Clinic, Pet Store, or Shelter Referral ____ (Name: _____)

__ Breeder ____ (Name: _____)

__ Dog/Obedience Club ____ (Name: _____)

__ Another Rescue Group ____ (Name: _____)

__ Friend/Neighbor ____ Other ____ (please explain)

27) Do you accept that to defray our program expenses for rehabilitating your dog and to help the next rescue there will be a donation payable immediately by check, cash, or money order upon adoption and delivery of the adopted dog?

Yes: ____ No: ____

28) Do you accept that the adopted dog may not be transferred to another party and that if the dog must be given up for any reason, he or she is returned to BlueMoon Meadows?

Yes: ____ No: ____

I have read and am in full agreement with the BlueMoon Meadows *Inc.* Terms of Adoption. By signing below I am attesting to the truthfulness of my answers. I agree the adopted dog shall not be kept exclusively outside, will be on regular heartworm and flea preventive for life, and will receive good nutrition, all vaccinations, and normal health care. I understand that falsification of any of the above information will be grounds to disallow the adoption of a rescued dog. I further understand that BlueMoon Meadows, Inc. *will* always be interested in our adopted dogs and may at any time inquire about the welfare of the adopted dog during the life of my dog. I will also provide the coordinators with new e-mail addresses and changed home addresses and phone numbers as they occur, as well as annual updates on how my dog is doing in his/her new home.

Date: _____ Signature: _____

Mail Application and Fee: to

BlueMoon Meadows, Inc
PO Box 143
6001 Pierce Rd
Franklinville, NY, 14737
716-676-2543

Thank you for your interest in adopting a rescued dog from our program.

**Please allow five business days for us to respond to your application.
In rare cases, it may take us a bit longer since we are all extremely
busy with rescuing new dogs as well as with our own families and lives.
We appreciate applicants' patience and understanding.**

Official Use Only

Approved: ____ **Disapproved:** ____

Coordinator: _____

Date: _____

Comments: _____

Dog Adopted: _____ **Number:** _____ **Date:** _____