



**LA CRESCENT  
ANIMAL RESCUE**

Please submit application to:  
523 S. Chestnut St., PO Box 112,  
La Crescent, MN 55947  
or email info@lacrescentanimalrescue.com

Initials **Pick up date/time** \_\_\_\_\_

**Approved for this dog**

**Approved, but not for this dog**

## Dog Adoption Application

Date		Case #				
Dog's Name						
Description						
CVI valid thru						
Name						
Date of birth		Driver's License #	Phone #			
Current address						
City		State	ZIP Code			
Work #		Email				
Type of residence <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home    Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Name of Landlord/Mobile Home Court/Trailer Park/ Condo Association						
Landlord approval? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>LAR USE ONLY</b>		Landlord Phone #				
How Long? Years ____ Months ____		Do you plan on moving in the next 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Where will you be moving to?		Will you <input type="checkbox"/> Own <input type="checkbox"/> Rent	Pet friendly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
How many adults living in household?		How many children living in the household?				
Is every adult aware that you are looking for a dog(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they approve? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Adults Names	In to visit?		Children Names	Ages	In to visit?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you adopting this dog for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no explain:						
Why do you want to adopt this dog? Explain:						
Who will be primarily responsible for the dog?						
Anyone in household have pet allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			If yes, how will you control them?			
What is your dog ownership experience?						
<input type="checkbox"/> Current a dog owner/experienced <input type="checkbox"/> First-time dog owner <input type="checkbox"/> Have had 1 or 2 in my life <input type="checkbox"/> Had dogs as a child						
Do you have experience raising a puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			Are you aware of the life expectancy of this dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where will the dog primarily live? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both						
If inside, what arrangements will you have for taking the dog out to relieve itself and for exercise?						
Explain:						

How do you plan on exercising the dog?				
How often and length of time?				
Please rate your household activity level Low Activity <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Highly Active				
Where will you keep the dog during the night when you are sleeping?				
What would you do with your dog if you need to travel for business or personal?				
How do you plan to contain the dog when he/she is outside? (check all that apply)				
<input type="checkbox"/> Tied up <input type="checkbox"/> Underground/Invisible Fence <input type="checkbox"/> Fenced in yard <input type="checkbox"/> Dog House <input type="checkbox"/> Free roam <input type="checkbox"/> Other				
On average, how many hours per day will the dog(s) be left alone?				
Where will the dog be kept when you are not at home? (check all that apply)				
<input type="checkbox"/> In house-roam free <input type="checkbox"/> In a crate <input type="checkbox"/> In a closed off room <input type="checkbox"/> In the basement <input type="checkbox"/> In garage <input type="checkbox"/> Tied outside <input type="checkbox"/> Kennel outside				
<input type="checkbox"/> Outside-free roam <input type="checkbox"/> Other, please explain:				
Are you familiar with or willing to learn about Crate Training? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain:				
Are you willing to obtain a kennel and crate train? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed				
If no explain:				
Are you prepared for any other training requirements if applicable?				
Are you willing to commit time, energy, and money to work through typical training and behavior issues? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, explain:				
How would you resolve behavior problems such as chewing, barking, digging, fence jumping, etc.?				
Explain:				
What behaviors or issues would you consider unacceptable enough to surrender your dog?				
<input type="checkbox"/> Biting/Growling <input type="checkbox"/> Incessant barking <input type="checkbox"/> Chewing/Digging <input type="checkbox"/> Shedding/Grooming <input type="checkbox"/> Defecating/Urinating <input type="checkbox"/> Allergies				
<input type="checkbox"/> Incompatibility Issues <input type="checkbox"/> Other-explain:				
What do you plan on feeding your dog?		Approximate monthly cost?		
Do you or others involved in this dog's life have any objections to spaying or neutering? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed				
If yes, explain:				
How much do you expect to pay for: Spay/Neuter \$_____ Rabies \$_____ Distemper \$_____				
Flea/Tick \$_____ Heartworm \$_____ Other \$_____ Explain:				
Have you ever adopted from this shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not chosen/declined				
If declined/not chosen explain:				
When?	What kind of animal did you adopt? <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other			Do you still have the pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever adopted from another shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not chosen/declined				
If declined/not chosen explain:				
When?	What kind of animal did you adopt? <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other			Do you still have the pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a pet to a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which shelter				
When	Explain why:			
How many pets live on your property? Cats_____ Dogs_____ Other_____				
	PET#1	PET#2	PET#3	PET#4
TYPE				
NAME				
BREED				
AGE				

Are all of these animals currently licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure				
If no or not sure, explain:				
Veterinary Clinic #1 Name:				Phone #
Veterinary Clinic #2 Name:				Phone #
Whose name are these vet records listed under?				
	PET#1	PET#2	PET#3	PET#4
NAME				
RABIES DUE DATE				
DISTEMPER DUE				
OTHER VACCINES				
SPAY/NEUTER DATE				
Heartworm test+ result				
Heartworm preventative				
Flea and Tick preventative				
How did you learn about the dog(s) that you are trying to adopt?				
Are you willing to have a LAR representative visit your home after the adoption, by appointment, to see how things are going? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, explain:				
1. I have been informed of Animal Regulations regarding leash, license, and vaccine requirements.				
2. LAR has my permission to check my vet history and verify landlord permission for housing.				
3. I understand that if I must return this dog because I gave false information on this application, NO REFUND will be given.				
4. I understand that LAR has the right to deny any application.				
5. I understand that filing out this application does not guarantee that I will be approved to adopt this dog.				
Signature of applicant:				Date:
Signature of staff:				Date: