



**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 LAR USE ONLY | | 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 1 2 3 4 5 6 7 8 9 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)

Tied up Underground/Invisible Fence Fenced in yard Dog House Free roam 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)

In house-roam free In a crate In a closed off room In the basement In garage Tied outside Kennel outside

Outside-free roam Other, please explain:

Are you familiar with or willing to learn about Crate Training? Yes No

Explain:

Are you willing to obtain a kennel and crate train? Yes No 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? Yes 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?

Biting/Growling Incessant barking Chewing/Digging Shedding/Grooming Defecating/Urinating Allergies

Incompatibility Issues 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? Yes No 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? Yes No Not chosen/declined

If declined/not chosen explain:

When? What kind of animal did you adopt? Cat Dog Other Do you still have the pet? Yes No

Have you ever adopted from another shelter? Yes No Not chosen/declined

If declined/not chosen explain:

When? What kind of animal did you adopt? Cat Dog Other Do you still have the pet? Yes No

Have you ever surrendered a pet to a shelter? Yes 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: |
| | | | | |