

Rocket Dog Rescue Application

Prospective Adopter / Foster Care Provider (circle one / both)

Date: _____ Animal of Interest: _____ Foster Parent: _____ RDR Tag#: _____
Event _____ Breed Description/Color _____ Age _____ Male/Female _____

ABOUT YOU

1. YOUR Name _____ YOUR Age _____
2. Home Address: _____
City _____ CA, ZIP _____
Mailing Address if applicable _____
How long have you lived at your current address? _____
If less than 2 years list previous address:
Street: _____ City _____ Zip _____
3. Email addresses _____
4. Telephone Home: _____ Cell: _____ Other _____
5. Occupation _____ 6. Employer _____
7. Driver license or other permanent ID number _____
8. Please list two personal references that we may contact:
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

ABOUT YOUR HOME

9. How many TOTAL OTHER PEOPLE (**not** including you) live in your household? _____ Adults _____ Children _____
Please list their names, ages and relationship to you: _____

- 9a. Is everyone in the household in favor of adopting or fostering a dog? YES NO
- 9b. Does anyone in the household have pet allergies? NO YES Who _____
10. Describe your home House Condo Apartment Other _____
 Owner Renter Sub-let HOA member Co-op member Other _____
 Front door opens to street Front door opens into courtyard or entryway
 No Yard Unfenced Yard Partly Fenced Yard Completely fenced yard

FOR CONDO: Do HOA rules allow pets? _____ Any breed/size restrictions? _____

FOR RENTALS: Please attach Landlord's written permission or applicable rental agreement page(s).

11. Describe your yard Size _____ feet by _____ feet Small Medium Large _____ Acre(s)
Surface (grass, stone, etc.) _____
Height of fence _____ feet - Made of? Wood Chain Link Brick other _____
Number of gates _____ Gates have locks? YES NO Gates open on streetside? YES NO
12. Who has access to your yard, besides you (for example, gardener, pool cleaner, children, utility, roommates, people in other units, other dogs, other pets?) _____

ABOUT YOUR EXPERIENCE WITH DOGS

If you currently have a dog(s):

13. How did you come to have the dog? _____
14. How old was the dog when you first met? _____ How old is the dog now? _____
15. How many TOTAL OTHER PETS live in your household? _____
For OTHER PETS, please answer the following for each pet:

| Name | Gender | Breed-description | Age | Weight | Neutered Y/N |
|------|--------|-------------------|-----|--------|--------------|
|------|--------|-------------------|-----|--------|--------------|

16. How would you describe your level of experience with dogs? Never had a dog Childhood pet
 Had one or more dogs as an adult
 Experience with dogs less than 30 lbs. 30-60 lbs. 60+ lbs.
 Experience with specific breeds _____

- Dog-related business or profession _____
- Foster or rescue experience: Name of organization _____

GENERAL QUESTIONS (please answer all)

- 17. How long have you been thinking about adopting or fostering a dog? _____
- 18. What are your primary reasons for wanting to adopt or foster a dog? Security Companionship
 For the children As a gift for someone Friend for current pet Other _____
- 19. If you do not have a dog now, when was the last time you had a dog? _____
- 20. What breed was your dog? _____ Was s/he spayed or neutered? YES NO
- 21. What happened to the dog? _____
- 22. Have you ever had an animal that required a major surgery for an injury or illness? YES NO
If yes, please explain: _____

PLANNING A PROSPECTIVE ADOPTION OR FOSTER CARE EXPERIENCE (please answer all)

- 23. When you go on vacation, who will care for this dog? _____
- 24. What kind of dog food will you feed this dog? _____
- 25. Do you have a regular Veterinarian? YES NO Name: _____
- 26. Who will groom and bathe this dog? _____
- 27. What will you use for flea control? _____
- 28. Would this dog wear a collar? YES NO Sometimes-WHEN? _____
- 29. Would your dog walk off leash? YES NO Sometimes-WHEN? _____
- 30. What would happen to this dog if you had to move? _____
- 31. What is the longest this dog would be left alone each day? _____
- 32. Where will this dog spend its days? Inside Outside Explain: _____
- 33. Where will this dog sleep? _____
- 34. Who will be ultimately responsible for this dog? _____
- 35. If you have children, please describe their previous experience with dogs: _____
- 36. How will this dog get exercise? _____
- 37. How will you discipline this dog? _____
- 38. Will you plan to obedience train the dog? YES NO
 Obedience class 1-to-1 Training Videos/Books Seek help if problem arises Other _____

FOSTER AND ADOPTED DOGS – WONDERFUL BUT LESS THAN PERFECT

39. WHAT WOULD CAUSE YOU TO REACH YOUR LIMIT OR WANT TO RETURN THIS DOG?

CHECK ALL THAT APPLY

- | | | | | |
|---|---|--|--|------------------------------------|
| <input type="checkbox"/> Hair on your furniture/Shedding | <input type="checkbox"/> Stains on rugs | <input type="checkbox"/> Animal on the bed | <input type="checkbox"/> Illness | <input type="checkbox"/> Humping |
| <input type="checkbox"/> Aggression towards other dogs | <input type="checkbox"/> Barkiness | <input type="checkbox"/> Shy with people | <input type="checkbox"/> Biting | <input type="checkbox"/> Escaping |
| <input type="checkbox"/> Other pets don't like the dog | <input type="checkbox"/> Jumping up | <input type="checkbox"/> Poor watchdog | <input type="checkbox"/> Worms | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Housetraining challenges | <input type="checkbox"/> Growling at guests | <input type="checkbox"/> Needs grooming | <input type="checkbox"/> Chewing | <input type="checkbox"/> Vet bills |
| <input type="checkbox"/> Not a good dog park dog | <input type="checkbox"/> Shy with dogs | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Fleas | <input type="checkbox"/> Ticks |
| <input type="checkbox"/> Aggressive on leash | <input type="checkbox"/> Carsickness | <input type="checkbox"/> Allergies | <input type="checkbox"/> Marriage | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Doggie destruction OF WHAT _____ | | | <input type="checkbox"/> Moving | <input type="checkbox"/> New Child |
| <input type="checkbox"/> Spouse/partner does not like dog | | <input type="checkbox"/> My financial problems | <input type="checkbox"/> None of these LISTED THINGS | |
| <input type="checkbox"/> OTHER _____ | | | | |

NOTHING. I will FOSTER the dog until adopted.

NOTHING if ADOPTED I will keep the dog until s/he is no longer alive, or I am, whichever comes first

- 40. How did you find out about Rocket Dog Rescue? (Check all that apply) Website Facebook Craigslist
 Instagram Twitter Event _____ Friend: Who? _____
 Other Please Describe _____

PLANNING FOR INVESTMENTS OF MONEY AND TIME (please answer all that apply)

FOR FOSTER ONLY: Basic supplies (leash, crate, food) are provided as needed

- 41. Are you able to provide proper grooming, diet, shelter and exercise for the Foster Rocket Dog?
 YES NO LIMITS _____
- 42. If a behavioral challenge arises will you seek help from a trainer we recommend? YES NO
- 43. Are you able to attend 2 adoption events a month with the Rocket Dog? YES NO
- Stonestown Belmont Alameda Livermore Other _____

FOR ADOPTION: Dogs require investment of time and money.

44. Can you afford to provide medical care, proper grooming, diet, shelter and exercise for the dog? YES NO

LIMITS: _____

45. Are you able to make a long-term commitment to care for this dog? YES NO

LIMITS: _____

46. Will you consult and pay for a trainer we recommend if challenges develop? YES NO

PLEASE CHECK ALL THAT APPLY. YOU ARE WELCOME TO ASK QUESTIONS!

I understand that **Rocket Dog Rescue** is an all-volunteer non-profit California 501c3 charitable organization.

I understand that **Rocket Dog Rescue** provides for the medical needs, spaying or neutering, routine vaccinations and microchip identification systems for all Rocket Dogs and that these are required components before a Rocket Dog can be adopted.

I understand that a minimum **ADOPTION DONATION** of **\$280** is necessary to help offset costs incurred to rescue and care for each Rocket Dog.

I understand that any **IMMEDIATE POST-ADOPTION** costs, medical or otherwise, must be borne by the adopters.

I agree to donate an amount that represents my ability to support the rescue work necessary for this and every other dog to be rescued by **ROCKET DOG RESCUE**. Because most animals cost more than the minimal donation to care for, **Rocket Dog Rescue** welcomes you to make a larger donation if you are able.

Yes I agree to donate an amount of \$280 More than \$280 : _____ Other: _____

No, I cannot make any donation at this time, because _____

My company has a matching gifts program, and I would like to match my donation.

I would like to find out more about donating on an ongoing basis.

FOR FOSTER HOME I understand that food, leashes, collars, crates, etc, are necessary to care of dogs while in foster care. **Rocket Dog Rescue** will provide these as needed and I will return them once the Rocket Dog is longer in my Foster Care.

NOW COMES THE FUN PART! Please describe your dream dog.

Please include any preferences regarding gender, personality type, energy level, fur, age, expectations of dog behavior, and anything else you think will help us match you with your dream dog.

Thank you for your interest in Rocket Dog Rescue

Learn more at our website <http://www.rocketdogrescue.org>!

Questions? Email us at ADOPT@rocketdogrescue.org or FOSTER@rocketdogrescue.org

FOR ROCKET DOG RESCUE USE Review date _____

Reviewed by (print name) _____

REVIEWER'S email / telephone (cell/text?) _____

OUTCOME / COMMENTS / RECOMMENDATIONS: _____
