



## Puppy Adoption Agreement

Starting Over Animal Rescue, Inc. (SOAR)  
P.O. Box 286, Schnecksville, PA 18078  
Gloria: 570-386-9241 kaska23@ptd.net

In order to be considered as a guardian you must first be at least 18 years of age, have a valid state-issued photo ID showing your current address and have verifiable consent from your landlord. In an effort to assure more satisfactory guardianship, we ask your cooperation in the completion of this application. Just as there are guidelines for the adoption of a child, there are guidelines for the placement of animals. Although **SOAR** eagerly seeks the prompt placement of our animal residents, experience has shown that some situations are not consistent with the welfare of the animal. Unsatisfactory placements can result in an unpleasant experience for your family and many times can traumatize the pet. We reserve the right to refuse any placement we consider unsatisfactory. This is not a reflection on you personally, but simply that a particular pet may not do well in your situation. We feel our experience in this area must be our guide to a successful adoption.

### Personal Information:

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

Driver's License/ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Number of Adults \_\_\_\_ Number Children: \_\_\_\_

Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Two Personal References—Non Family Member that you have know at least 1 year

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

### Household Information:

Do you live in a:  House  Apartment  Mobile home

Do you  Own  Rent (landlord's name & number): \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If less than 6 months then previous address  
\_\_\_\_\_

Household activity level:  Quiet  Average  Active

Does anyone in household have allergies / asthmatic around dog(s)  Yes  No

Do you have a fenced yard:  Yes  No / Partially fenced?  Yes  No

**Current Pet Information**

List all current and previous pets (last 5 yrs):

<u>Type of Animal</u>	<u>Age</u>	<u>Sex (M/F)</u>	<u>Neutered (Y/N)</u>	<u>Still in household (Y/N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Veterinarian name:** \_\_\_\_\_ **Phone number** \_\_\_\_\_

Pets Vaccinations Current:  Yes  No

**General Information**

Have you ever utilized any services of **Starting Over Animal Rescue** before?  Yes, If yes, why?  No

Have you ever surrendered, returned, lost, or given up any previous pet?  Yes, If yes, why?  No

It can take a dog 2 weeks or more to settle in a new environment. Are you willing to give it time to adjust?  Yes  No

Who will be the primary care giver? \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

Why do you want this dog? \_\_\_\_\_

Are you prepared/able to make a lifetime commitment to care for/keep this dog as a companion pet?  Yes  No

Are you able and willing to pay for pet expenses including vet care, supplies, pet-sitting, training, etc.?  Yes  No

Where will the dog be kept when you are home? \_\_\_\_\_ Not home? \_\_\_\_\_

How long will the dog be alone daily? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Our dogs may not be fully house broken. Are you willing to provide consistent house training?  Yes  No

Are you familiar with house training procedures?  Yes  No.

How long do you think house training will take? \_\_\_\_\_

How often and what types of exercise will your dog receive? \_\_\_\_\_

How do you plan to train the dog? \_\_\_\_\_

Are you familiar with Positive Training?  Yes  No

Are you familiar with Treat Training?  Yes  No

How will you address behavioral issues? \_\_\_\_\_

Are you aware that bored dogs will chew / be destructive if not properly socialized, trained, or played with?  Yes  No

List the types of behavioral issues that you would consider **NOT ACCEPTABLE**:

\_\_\_\_\_

In what circumstances would you give up your dog? (ex. unable to house train, chewing, moving, etc..)

Applicants must be 18 yrs of age (or older), have a valid photo ID with current address, and written permission from landlord to own a pet. **Starting Over Animal Rescue (SOAR)** reserves the right to contact individuals and verify all information, including conducting a home visit and vet check.

To the best of my knowledge, the information provided is complete and accurate. I understand that if reference or vet checks do not correspond with the information provided, my application may be declined.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Volunteer:** \_\_\_\_\_