



**OFFICE USE ONLY:**  
 APPLICANT APPROVED: \_\_\_\_\_  
 PET ADOPTED: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 LCAR STAFF: \_\_\_\_\_

# ADOPTION REQUEST FORM

Our rescue animals make wonderful pets and usually adjust quickly to their new families. To create great outcomes, we foster animals with members of our group, council adoptive families and make recommendations that help our adopters to make the right decision for themselves and their new pet.

We request a donation from all adoptive families to help cover the cost of preparing the dog for his/her new home. We spay/neuter all animals prior to adoption.

LCAR is a non-profit animal rescue organization that rescues from animal shelters, as such Last Chance Animal Rescue cannot and does not warranty the health or breed of the animal.

Please fill out the application to help us get to know you, your family and your lifestyle. This information will assist us in matching you with one of the rescue pets awaiting adoption. Your application will be reviewed for preliminary approval and we will call or email you with information about our current pets awaiting adoption.

If you have any questions about the application or our organization, please email: [dogs@lastchanceanimalrescue.org](mailto:dogs@lastchanceanimalrescue.org)

**A \$375.00\* non-refundable ADOPTION FEE includes:**

- All animals spayed / neutered
- Vaccines up to date
- Dewormed
- Heartworm tested, pups 6 months and older
- Current on heartworm preventative, if old enough
- Flea/tick control applied
- Boarding and transportation from shelters
- Microchip

*\*Limited ability to take credit cards, no checks*

**Please return this application by**  
**Email to:**  
[dogs@lastchanceanimalrescue.org](mailto:dogs@lastchanceanimalrescue.org)  
**or Fax:**  
**240-222-3792**

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

Name of Applicant: \_\_\_\_\_

Name of your Spouse/Partner (for couples living together): \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address of Spouse/Partner: \_\_\_\_\_

Are you 21 years of age or older:  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this where the pet will live with you? \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_ If less than 2 years, what was your previous address: \_\_\_\_\_

Phone # (Cell): \_\_\_\_\_ Phone # (Work): \_\_\_\_\_

Spouse/Partner's Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Name or Breed of the dog requested: \_\_\_\_\_  Female  Male

Will this be the first time you've had a dog?  Yes  No

Would you consider adopting a dog over 1 year of age?  Yes  No

A.) Why do you want to adopt a dog? \_\_\_\_\_

B.) Do you live in a:  House  Townhouse  Apartment  Duplex  Condominium

Do you own:  Yes  No Do you rent:  Yes  No

If renting or belong to a home owners association, are pets allowed? \_\_\_\_\_

Is there a dog weight limit? \_\_\_\_\_

Are there breed restrictions, if so what breeds? \_\_\_\_\_

If renting, do you have your landlord's permission?  Yes  No

Name and Phone # of Landlord: \_\_\_\_\_

C.) Do you have a fenced yard?  Yes  No Type of Fence: \_\_\_\_\_ Height: \_\_\_\_\_

D.) Do you have a pool?  Yes  No If yes, is it fenced in?  Yes  No

E.) If you do not have adequate fencing (i.e. totally enclosed secure fence), how will the dog be exercised? \_\_\_\_\_

Who will supervise ALL outdoor activities? \_\_\_\_\_

F.) Are you prepared for/do you know the effort in housebreaking a dog?  Yes  No

Do you have a problem crate training?  Yes  No Do you know how to crate train?  Yes  No

How long do you expect housetraining to take? \_\_\_\_\_

Do you understand the importance of socialization? \_\_\_\_\_

G.) Do you understand the importance of obedience training? \_\_\_\_\_

Are you planning on attending obedience classes with your dog? \_\_\_\_\_

H.) Where will the dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

I.) Number of adults in household: \_\_\_\_\_ Number of children in the household: \_\_\_\_\_ Ages: \_\_\_\_\_

Are all adults in the household aware that you are adopting a dog and in agreement?  Yes  No

Are any members of your household or regular visitors allergic to dogs?  Yes  No

J.) Are you expecting? \_\_\_\_\_ Do children visit regularly?  Yes  No

K.) Is anyone home during the day?  Yes  No Who, when? \_\_\_\_\_

L.) List all of the people who will be responsible for caring for the dog: \_\_\_\_\_

M.) How many hours each day will the pet be alone? \_\_\_\_\_

N.) When you go on vacation/travel, who will take care of the dog? \_\_\_\_\_

O.) If you move, what will you do with this dog? \_\_\_\_\_

P.) Are you willing to take care of this dog for the next 10 or more years?  Yes  No

Q.) Is there a situation in which you would not be willing to keep your dog?  Yes  No

If so, please explain: \_\_\_\_\_

R.) What behaviors WOULD you be willing to work through with your dog with training, (if you have children under the age of 14, please give particular thought before answering)? \_\_\_\_\_

- Jumping or Rough Play
- Mouthing or Nipping
- Not getting along with other dogs
- Barking or Lunging on leash
- Crate Training
- Separation Anxiety
- Excessive Barking
- Not House Trained
- Too Active
- Other:

How much time are you willing to give your dog to adjust to his/her new home? \_\_\_\_\_

S.) Do you have any idea of the yearly expense of caring for this animal?  Yes  No

Please provide an estimate of the expense (vet care, food, grooming, licensing): \_\_\_\_\_

T.) How much are you willing to spend on medical bills for your dog? \_\_\_\_\_

What would you do if your bills go over your budgeted amount? \_\_\_\_\_

U.) Have you ever lost a pet (i.e. ran away, stolen, hit by a car)?  Yes  No

If so, please explain: \_\_\_\_\_

V.) Have you ever turned a pet into a shelter?  Yes  No

If so, please explain: \_\_\_\_\_

W.) Please list the pets you've had over the past 10 years and what happened to them:

Name	Type/Species	Sex	Age	Spayed/Neutered	Where is it now?

X.) Are all of your pets current on their routine vaccines?  Yes  No

Y.) Do you know about heartworm prevention and flea and tick prevention?  Yes  No

Z.) What is the name/address/phone number of your vet, your previous vet or anticipated vet? \*\*

\*\*Please contact your vet and give them permission to release information to a Last Chance Representative for a vet reference.

Please list three personal non-related references that we may contact:

Name/Relationship: _____	Phone #: _____	Email: _____
Name/Relationship: _____	Phone #: _____	Email: _____
Name/Relationship: _____	Phone #: _____	Email: _____

All animals we adopt out are already spayed/neutered; do you have any reservation about this?  Yes  No

Are you willing to have a Last Chance representative conduct a home visit?  Yes  No

The adoption contract stipulates that should you not be able to care for your Last Chance pet that you will return it to our rescue for re-homing.

Do you have any reservations about that?  Yes  No

Are there any circumstances you would like us to know about? \_\_\_\_\_

How did you hear about Last Chance Animal Rescue? \_\_\_\_\_

**I acknowledge that all the information on this form is true and correct. I understand that any misrepresentation of any fact may result in the removal of the adopted dog from my home by Last Chance Animal Rescue Inc.**

Signature

Date