



To help ensure the best possible placement of our rescued animals, and in order to determine that the proposed adoption is in the best interest of the animal, you, and your family, please complete each of the following questions. Please be as thorough as possible. Back The Blue Pet Rescue reserves the right to refuse adoption to any application.

Please email the completed application to [adopt@backthebluepetrescue.org](mailto:adopt@backthebluepetrescue.org).

Name of Dog(s) of interest: \_\_\_\_\_ Date \_\_\_\_\_

Your Name: \_\_\_\_\_

Spouse/Partner/Roommate's Name(s): \_\_\_\_\_

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

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

Best Personal/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Drivers License # \_\_\_\_\_

**Household Information** (please check one)

1. Do you live in a:            House            Apartment            Condo            Mobile Home            Townhome
  2. Do you:            Own            Rent            Live w/Parents or other relative temporarily
  3. If you rent, are pets allowed?    Yes    No    (We will need a copy of landlord's approval of addition of pet)
- Landlords name and phone: \_\_\_\_\_

4. Do you have a fenced-in yard?    Yes    No    Please describe fence (block, chainlink, view / wrought iron):  
 \_\_\_\_\_ Fence Height: \_\_\_\_\_  
 If fence height varies, indicate & describe high & lot spots: \_\_\_\_\_  
 Describe ground-cover at the gate: \_\_\_\_\_  
 If you do not have a fenced yard, what arrangements will you make for potty duties:  
 \_\_\_\_\_

4a. Describe yard / overall / ground cover: \_\_\_\_\_

5. Do you have a doggy door?            Yes            No
6. Number of adults in home: \_\_\_\_\_
7. Number of children in home: \_\_\_\_\_ potential visiting children: \_\_\_\_\_ Ages of children: \_\_\_\_\_
8. Do you have a swimming pool?            Yes            No            If yes, it is fenced?            Yes            No  
 Are you willing to work with your dog/s on how to get out of the pool?            Yes            No

9. Have allergies to animals been a problem to any household member?      Yes      No
10. Are all family members aware that you are considering adopting a pet?      Yes      No

**Pet History**

1. Do you own other pets?      Yes      No      If yes, please complete information below.

Total number of animals: \_\_\_\_\_ Are they current on their vaccinations?      Yes      No

**Animal 1**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:      Male      Female  
 Age: \_\_\_\_\_ Neutered/Spayed?      Yes      No      Length of ownership: \_\_\_\_\_

**Animal 2**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:      Male      Female  
 Age: \_\_\_\_\_ Neutered/Spayed?      Yes      No      Length of ownership: \_\_\_\_\_

**Animal 3**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:      Male      Female  
 Age: \_\_\_\_\_ Neutered/Spayed?      Yes      No      Length of ownership: \_\_\_\_\_

2. Have you had other pets in the last five years that are no longer with you?      Yes      No  
 What happened to them?

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3. Have you ever given up a pet for adoption?      Yes      No  
 If yes, please explain the circumstances:

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4. Have you ever adopted from BTBPR before?      Yes      No
5. Have you ever returned an animal to BTBPR ?      Yes      No

6. Have you ever returned an animal to another rescue, shelter or county animal control facility?      Yes      No

If yes, please explain:

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### **Pet Information**

1. Will there be someone home with your pet during the day?      Yes      No

2. What is the greatest number of hours the pet will spend alone daily/nightly?      **Hours:** \_\_\_\_\_

3. Where will the pet spend most of its time?      Crate      Indoors      Outdoors      Garage      Basement      Run

4. Describe will your new pets main sleeping quarters be?

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5. Is there someone home at night?      Yes      No

6. Do you plan to travel with your pet?      Yes      No

7. If not, where will the pet stay while you are away?      Friend or Family      Kenneled      In home pet-sitting

8. Do you agree to seek obedience (humane) training for undesirable behaviors?      Yes      No

9. Do you commit to providing a home for this dog for its lifetime, despite changes in your life such as moving, having a baby / grandchildren, or getting a divorce?      Yes      No

10. What would this dog have to do for you to consider returning him / her?

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11. Would you allow a BTBPR representative to do a home check?      Yes      No  
(home checks simply ensure the safety of the environment for the animal, not to check housekeeping)

12. Name of current veterinarian / Animal Hospital: \_\_\_\_\_

### **Post Adoption Requirements:**

1. Be 21 years of age or older.
2. You would return the animal to BTBPR if you feel for any reason you cannot keep him/her. You must not sell or otherwise rehome the animal without notifying BTBPR.
3. Have identification showing your present address and have the knowledge and consent of your landlord.
4. You are responsible for providing proper shelter, food, water, exercise, medical care and humane treatment at all times for your dog(s). You are willing and financially prepared for long-term medical and dental care for the dog(s).

I certify that the information given on this application is true and correct. If I am approved by BTBPR to adopt an animal, I agree to all the above requirements. I understand that failure to comply with any of the requirements will result in confiscation of adopted animal.

Signature of Applicant: \_\_\_\_\_      Date: \_\_\_\_\_

Applicant is at least 21 years of age or older.      yes      no

Use the form submit button or email to [adopt@backthebluepetrescue.org](mailto:adopt@backthebluepetrescue.org).