



Rising Dove Rescue
 P.O. Box 2685 Luckenbach, TX 78624
 A 501 (c)(3) Non-Profit Organization

Email: info@risingdoverescue.com

Twitter: @RisingDove

Facebook: <http://www.facebook.com/RisingDoveRescue>

ADOPTION | FOSTER APPLICATION

ADOPTER/FOSTER INFORMATION	
Name:	
Street Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security No.:	
Driver's License No:	
Home Phone:	
Mobile Phone:	
Email:	
HOUSEHOLD INFORMATION	
Apartment or House:	
Rent or Own:	
Roommate Spouse Children:	
Ages:	
Allergies:	
Yard:	
Yard Enclosed Y or N:	
Deck or Terrace:	
Deck or Terrace Enclosed Y or N:	
Screened Windows Y or N:	

PET INFORMATION						
I am interested to:	FOSTER <input type="checkbox"/> ADOPT <input type="checkbox"/>					
Animal Name or ID:						
Have you Ever Owned a Dog/Cat Y or N:						
Current Pets Y or N:						
Type:						
Age of Animal:						
If No, When Did You Last Own a Pet:						
Spayed or Neutered:						
What do you feed your pets:						
How often/when do you feed your pets:						
Who Will be Responsible for Adopted Pet:						
Where Will Pet Be Kept When You Are Not at Home:	Outside Yard	Outside kennel	Outside Chained	Inside	Inside Crate	Other
On Average How Many Hours a Day Will Your Dog Be Home Alone:						
I Prefer a Dog That Is:	Energy Level: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Quiet <input type="checkbox"/>	Lap Dog <input type="checkbox"/>	Watch Dog <input type="checkbox"/>	Sporting Dog <input type="checkbox"/>	Other
I Prefer a Dog That Can:	Walk off Leash <input type="checkbox"/>	Walk On Leash <input type="checkbox"/>	Go on Jog /Hike <input type="checkbox"/>	Run in Yard by Self <input type="checkbox"/>	Requires Little Exercise <input type="checkbox"/>	Other
My House is: (check all that apply)	Loud <input type="checkbox"/>	Quiet <input type="checkbox"/>	Active <input type="checkbox"/>	Calm <input type="checkbox"/>		
How Do You Feel About an Animal Sitting on Your Furniture or Bed – Describe:						
OCCUPATION INFORMATION						
Employer:						
Employer Address:						
Employer Phone:						
Years Employed:						
Travel Required:						
Work Hours:						
Work from Home Y or N:						
Provisions Made for Pet if Left Alone for Many Hours:						
PERSONAL REFERENCES						
	Phone	Email	Relationship			
Name:						
Name:						
Name:						

VETERINARIAN	
Name:	
Street Address:	
City:	
State:	
Zip Code:	
Phone:	

By signing below you agree to:

By submission of this application; I, as a potential adopter or foster, understand and agree that Rising Dove Rescue may perform a background and reference check. I waive and release Rising Dove Rescue and its agents from any and all claims I may otherwise have with respect to any such background check. And, that I understand the purpose of such background check is part of the adoption / foster process, and used for no other purpose other than making a determination in placing animals in the best environment possible. I agree to provide proof of current residency; such as lease agreement, and if living where pets are allowed but restrictions are in place, I will provide the bylaws as set by the managing agent.

We ask for a donation in the amount of \$ for each animal, in lieu of adoption fees. This donation helps to defray out-of-pocket costs associated with the care and maintenance of our animals. Adopter agrees to be available for a home check/visit. Adopter agrees NOT to declaw or devocalize any pet that is adopted from us. By submission of this application, you authorize Rising Dove Rescue and/or its affiliates to contact the references and veterinarian listed above, and to conduct a home visit.

If the dog is too young or has not had spay/neuter at the time of adoption, you agree to have the animal(s) spayed/neutered as soon as possible. When/if ready (based upon a professional assessment of the dog's health etc), you will provide Rising Dove Rescue with proof of alteration record.

Finally, the Adopter assumes all responsibility for the animal(s) and hereby releases Rising Dove Rescue from any and all liability or claims arising out of the adoption of the animal(s) referenced in this application. The Adopter hereby agrees that Rising Dove Rescue shall not be responsible, unless approved in writing, for any fees or expenses (including, but not limited to veterinary costs) arising from the adoption of the animal(s).

If this box is initialed, you agree to take care of all of the medical issues in the Medical Addendum.

Please send signed form to us via email: info@risingdoverescue.com

MEDICAL ADDENDUM

Pet(s) Name:

ADOPTER AGREES TO THE FOLLOWING:

ADOPTER QUESTIONS/COMMENTS:

Click here to enter text.

Thank you for adopting a rescue dog! The decision to adopt a dog is an important decision and personal commitment. In order to ensure that you and your pet will be happy for years to come, we appreciate the completion of the application process to help better understand your individual needs as well as that of the pet.

A particular animal may appeal to you; however, it doesn't mean that its habits, personality traits, or needs will fit your lifestyle. Also, please understand that it is a significant decision for us to place a dog into a forever home. Even though your home may be wonderful, our obligation is to place the animal where best for both animal and family. Rescued dogs have endured much, and we want to do our best to make the match as perfect as possible.

Completion of this application does not guarantee an adoption and is merely a component of the adoption process.

What to do IF you can no longer care for your pet:

- *Contact Rising Dove Rescue* (or your rescue group) **IMMEDIATELY** if you think you will have an issue with a landlord, or new roommate or are moving. We want all animals to be taken care of in the best possible manner.

- *Avoid kill shelters.* You and many other people have worked hard at giving your pet a wonderful home and life. Give another adopter the chance to adopt this pet.

- *Contact Rising Dove Rescue* even if you have found a prospective adopter. Allow us the chance to make sure that the new parent will be a good fit for your pet.

Office Use Only:

Pet:	
Medical Issues:	
Behavioral Issues:	
Food:	
Spay/Neuter:	
Follow Up:	
Home Check By:	
Comments:	