

Pug Rescue of Florida, Inc.

ADOPTION APPLICATION

Email: info@pugrescueofflorida.org
Fax: 1-888-255-4971
Mail: P.O.Box 316, Windermere, FL 34786

PLEASE PRINT ... PLEASE PRINT ... Fill out completely ... PLEASE PRINT ... PLEASE PRINT ...

NAME: _____	DATE: _____
ADDRESS: _____	County _____
CITY: _____ STATE _____	ZIP _____

HOME PHONE: _____ ALTERNATIVE/CELL # _____

EMAIL ADDRESS: _____ DOB: _____

EMPLOYER: _____

SPOUSE'S/PARTNER'S NAME: _____ SPOUSE'S/PARTNER'S EMPLOYER: _____

CURRENT VET INFO: (PLEASE CONTACT YOUR VET AND GIVE THEM PERMISSION TO RELEASE INFO. TO PROOF) **If you have no pets at this time- please give the name and information of the vet that you last used for your previous pets.**

VETERINARIAN: _____ Phone: _____

ADDRESS _____ CITY, ST, ZIP: _____

Do you OWN _____ or RENT _____ your home? Check one and complete applicable information below:

IF YOU RENT:

- Please check with your Landlord before applying to ensure you can have a pet or another pet and any fees associated with same.
- Let your Landlord know we will be contacting them, as well.
- Provide Landlord's Name _____ Phone # _____

IF YOU OWN (Please check on these before applying to adopt):

- Do you have a Home Owners Assoc., with restrictions on pets. Yes _____ No _____
- Does the County or Community you live in have limits on the number of pets you are allowed to have? Yes _____ No _____

WHY DO YOU WANT A PUG? (Be detailed)

Have you ever owned a dog before? Y _____ N _____ A Pug? Y _____ N _____

*If you have not owned a pug before are you aware that Pugs shed? (A lot) Y _____ N _____ Snort? Y _____ N _____ Snore? Y _____ N _____

What happened to your previous pets (*be specific*)?

Please give us a detailed schedule to let us know how long your pug will be alone on a regular basis

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Where will the pug stay when you are gone: Crate _____ Kitchen/bath behind kid gate _____ Free run of house _____ Other _____

If, you will be gone for more than 6 hours at a time, will you be using a dog walker? Yes _____ No _____ *Please explain

Do you have a Doggie Door? Yes _____ No _____ Do you have a fenced yard? Yes _____ No _____ * If yes, please describe below (type, is yard fully enclosed, is it escape proof?):

Do you have a swimming pool? Yes _____ No _____ * If yes, is the area pug safe, i.e., baby fence, no access to pool when humans gone, etc., please describe safety measures in place:

Describe a typical day in the life of "your" pug and tell us where the pug will sleep at night:

Do you currently have children? Yes _____ No _____

*If yes, please list names & ages. (Also include any regular visitors such as step children, grandchildren, etc.).

If no children, are you planning on having them in the future? Yes _____ No _____

Does anyone in the home have any known allergies to dogs? Yes _____ No _____ If yes, please explain.

Please list the following for all animals currently in the home: #1 Breed; #2 age; #3 gender; #4 County License numbers (include County name)

Are all pets up to date on their vaccines? Yes _____ No _____ If not, explain why not.

Have all current pets, been spayed or neutered. Yes _____ No _____ if not, explain why not.

***Please note: Pug Rescue will require your present pets to be spayed or neutered prior to adopting from rescue unless a valid medical reason is provided by your licensed veterinarian.**

If you have cats, are they declawed? Yes _____ No _____

Regarding current pets:

Name of the Heartworm Preventative you use: _____ Date last applied: _____

Name of the Flea Preventative you use: _____ Date last applied: _____

Regarding your new rescue pug:

Do you have a preference? 1. Male _____ Female _____ Either _____ 2. Black _____ Fawn _____ Either _____

What AGE pug did you have in mind for your family?

_____ under 1 year _____ 1-3 years _____ 3-5 years _____ 5-7 years _____ 7+ years _____ No preference

If you are interested in a specific pug(s), list name(s) here: _____

If the pug(s) you listed are no longer available, do you want us to consider you for other pug(s) that might be a good match for you and your family? Yes _____ No _____

Can you take a special needs pug: Yes _____ No _____ Are you open to a senior pug? Yes _____ No _____

Are you Open to a Pug Mix? Yes _____ No _____ Are you open to a pair? Yes _____ No _____

Initial here that you understand our pugs **ARE NOT FREE** _____

Initial here that you understand that the adoption fee is due at the time you sign the contract and that ONLY cash, Money orders or cashiers checks will be accepted _____

When would be the best time for us to do your mandatory home check? Please be specific. (Also please plan to have the entire household present for the home check)

When do you plan to adopt? (Once approved, after vacation, in a few weeks etc.)

Have you recently submitted an application to adopt from any other rescue organizations? Yes _____ No _____

If, yes, name of rescue _____ Date Applied _____

Have you ever dealt with any rescue group in the past (adopted from; fostered for or surrendered a dog to)? Yes _____ No _____

If yes, please explain: _____

PLEASE LIST TWO REFERENCES (*name, credentials & phone number*)

NAME	OCCUPATION	PHONE #

Where did you hear about PROOF Webpage _____ Petfinder.com _____ Petco/Petsmart _____

Google etc. _____ Other _____

NOTE: BY SIGNING THIS FORM YOU ARE GIVING PROOF PERMISSION TO CONTACT YOUR VET AND OTHER REFERENCES:

Applicants Signature _____

Print name _____

PROof Volunteer Signature _____