



# EGAPL HEART OF RI ANIMAL RESCUE

44 Worthington Road, Cranston, RI 02920

## Dog Adoption Questionnaire

**Adoption Fee: CASH ONLY**

**Adult Dogs: \$550**

**Puppies: \$650**

In order to adopt from EGAPL, you must:

1. Be 21 years of age and have the knowledge and consent of all adults in your household.
2. If you rent: Have the landlord's consent (copy of the lease) to bring an animal onto the property.
3. **MUST OWN YOUR PROPERTY TO ADOPT PIT BULL, PIT BULL MIXES OR OTHER RESTRICTED BREEDS**  
If you own: Bring proof of home ownership (mortgage statement, tax bill etc.)
4. Have a collar/leash for the dog.
5. Understand that the EGAPL has the right to deny your application.
6. Agree that EGAPL has the right to run a background check.
7. Provide up-to-date vet records for all animals currently in your home (vaccinations, spay/neuter etc.)

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

Interested In Adopting \_\_\_\_\_  
 (please list names in order of preference):  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Driver's License: \_\_\_\_\_  
State/ License # *We are required to have proof of identification.*

Address: \_\_\_\_\_  
Street Address City State Zip Code

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

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

Employer's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Where do you live? House  Apartment  Dormitory  Mobile Home  With Parents/Roommates  Do you: Own  Rent

How long have you lived at this address? \_\_\_\_\_ Do you plan to move *in the near future*? Yes  No

Number of children in household: \_\_\_\_\_ Ages: \_\_\_\_\_

Are you in the Military \_\_\_\_\_yes \_\_\_\_\_No

Do you or anyone living in your household have any known allergies to animals? Yes  No   
 If yes, to what kind of animal? \_\_\_\_\_ How severe? \_\_\_\_\_

Would you object to an in-home visit before final adoption? Yes  No

Are you looking for a: \_\_\_\_\_ Puppy \_\_\_\_\_ Adult Dog

Specific breeds/colors, etc: \_\_\_\_\_

Animal characteristics most important to you:

<input type="checkbox"/> Good with all dogs	<input type="checkbox"/> Good with children	<input type="checkbox"/> Energetic
<input type="checkbox"/> Good with some dogs	<input type="checkbox"/> Size (small, medium, large)	<input type="checkbox"/> Mellow
<input type="checkbox"/> Good with cats	<input type="checkbox"/> Housebroken	Other: _____

Why are you interested in adopting a companion animal? (Check all that apply.)

<input type="checkbox"/> Gift	<input type="checkbox"/> For a child	<input type="checkbox"/> Companion for me	<input type="checkbox"/> For Protection
<input type="checkbox"/> To breed	<input type="checkbox"/> Companion for another pet	<input type="checkbox"/> Replace previous pet	Other: _____

Please list all your companion animals, past and present.

Give as much information as possible about each one, starting with your present animals. (Name, Age, Male/Female, Neutered/Spayed, Current on Vaccinations, Surgical Alterations (i.e. tail docking, ear cropping))

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Who is, or will be, your veterinarian? (Name, Address, Phone) \_\_\_\_\_

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What yearly vaccines will your dog receive? \_\_\_\_\_

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How do you plan to introduce your dog to other animals and/or people in the household? \_\_\_\_\_

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Are you prepared to spend several weeks, or perhaps months, waiting for your new dog to adjust to their new environment or for you to adjust to this animal? \_\_\_\_\_

Tell us about the lifestyle you plan for your dog:

Where will your dog be kept during the day? \_\_\_\_\_

Where will your dog be kept at night? \_\_\_\_\_

How many hours a day will it spend alone? \_\_\_\_\_

What is the longest period of time the dog will be left unattended outside? \_\_\_\_\_

Please List Work/School hours \_\_\_\_\_

Do you have any of the following for your dog?

<input type="checkbox"/> Completely fenced in back yard?	If so, how high is the fence? _____
<input type="checkbox"/> Dog house?	<input type="checkbox"/> Training crate? _____
<input type="checkbox"/> Basement?	<input type="checkbox"/> Garage? _____
	Other: _____

What brand of food will you feed your dog? \_\_\_\_\_

What are your beliefs regarding spaying/neutering? \_\_\_\_\_

Who will primarily be responsible for feeding/caring for your new dog? \_\_\_\_\_

Do you travel a great deal?      Yes      No  
                                           

If yes, how do you intend to provide for the dog while you are gone? \_\_\_\_\_

Have you adopted an animal from us before?      Yes      No      If yes, which one? \_\_\_\_\_  
                                           

When? \_\_\_\_\_      What is the animal's current status? \_\_\_\_\_

Have you ever surrendered an animal to a shelter?      Yes      No  
                                           

If yes, what were the circumstances? \_\_\_\_\_

Which, if any, of the following behaviors/situations present a problem for you? How would you handle them?

\_\_\_\_\_ Jumping on furniture/counters/table? \_\_\_\_\_

\_\_\_\_\_ Destroying furniture? \_\_\_\_\_

\_\_\_\_\_ Chewing? \_\_\_\_\_

\_\_\_\_\_ Barking? \_\_\_\_\_

\_\_\_\_\_ Urinate/ defecate where not acceptable? \_\_\_\_\_

\_\_\_\_\_ Keeps you awake at night? \_\_\_\_\_

\_\_\_\_\_ Sheds excessive hair? \_\_\_\_\_

\_\_\_\_\_ Biting/nipping/play biting? \_\_\_\_\_

\_\_\_\_\_ Ruins a favorite article of clothing? \_\_\_\_\_

\_\_\_\_\_ Medical expenses (emergencies, medical condition)? \_\_\_\_\_

**If costs \$800-\$1,000 to keep a dog for a year. Can you afford this?**      Yes      No  
                        
Since many shelters have unknown medical backgrounds, are you prepared to provide and pay for any necessary medical treatment?      Yes      No  
                     

**Under Rhode Island state law, the adoption of a puppy requires neutering.**  
***If your dog/puppy is not spayed/neutered at adoption and you do not fulfill this requirement by the due date on the adoption agreement, the dog/puppy must be returned to us.***

Have you read and understood the above statement regarding your spaying/neutering responsibility?      Yes      No  
                     

Do you agree to not dock your dog's tails or ears?      Yes      No  
                     

Would you object to follow-up phone calls?      Yes      No

**Disclaimer and Signature**

**PLEASE READ CAREFULLY:**

This application is designed to help us determine if the adoption is in the animal's best interest and to assist the potential adopter in finding an animal most compatible with his/her lifestyle. An unwise adoption can result in an unpleasant experience for adoptive families and may have a negative impact on the pet's chances for any further adoptions.

**WE HOPE YOU WILL AGREE THAT THE ANIMAL'S WELFARE MUST BE OUR FOREMOST CONSIDERATION.**

**WE DO NOT GUARANTEE HEALTH OR TEMPERAMENT AND UPON ADOPTION SAID ANIMAL BECOMES SOLE FINANCIAL RESPONSIBILITY OF THE OWNER.**

**DUE TO LANDLORD ISSUES FOR RENTAL PROPERTIES AND CONDO ASSOCIATIONS, YOU MUST OWN YOUR OWN PROPERTY IN ORDER TO ADOPT ANY PIT BULL, BULLY BREED, GERMAN SHEPARD, CHOW, AKITA. THIS INCLUDES MIXES THERE OF.**

**IF YOU WORK 8 HOURS PER DAY OR MORE PER DAY WE WILL NOT ADOPT PUPPIES OR SOME ACTIVE ADULTS. WE WANT OUR SHELTER ANIMALS TO RECEIVE THE TIME AND ATTENTION THEY NEED TO BECOME WELL TRAINED, SOCIALIZED PETS.**

**WE TAKE MULTIPLE APPLICATIONS ON OUR PETS AND APPROVE APPLICATIONS BASED ON THE INFORMATION PROVIDED, WE DO NOT ADOPT ON A FIRST COME FIRST SERVE BASIS.**

**WE RESERVE THE RIGHT TO NOT ADOPT SOME DOGS OR PUPPIES TO HOME WITH CHILDREN UNDER 5.**

**THIS WILL BE ON A CASE BY CASE BASIS**

I understand the above questions. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested is cause for denial of adoption.

**I also understand that the adoption fee is not refundable if dog is returned.**

\_\_\_\_\_  
*Signature*

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

Return completed form to the Dog Adoption Coordinator.

**For EGAPL Use Only**

\_\_\_\_\_ Landlord Verification or Proof of Ownership Provided

\_\_\_\_\_ Veterinary Records Provided

