

****For DDAR Use Only****

Application Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Name of Animal(s):	_____	
Age:	_____	Breed: _____
Sex:	_____	Color(s): _____
Fee:	_____	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No
DDAR Initials:	Date: _____	

DATE SUBMITTED: _____



DAKOTA'S DREAM
ANIMAL RESCUE

P.O. Box 1814 • Winchester, VA 22604

dakotas.dream@hotmail.com

www.dakotasdream.org

www.facebook.com/DakotasDreamAnimalRescue

Adoption Application

Up to 24 hour waiting period

We want to ensure the best possible match for both the adopted pet and you. Working together, we will be able to determine if the adoption is in the pet's best interest, and the process ensures that you will find a pet well-suited for your lifestyle. Remember, this is a lifetime commitment. If approved, you will be required to sign a legal contract and, if applicable, a spay/neuter agreement, when adopting your pet. There is also an adoption fee which reimburses Dakota's Dream for any expenses we may have already paid for age appropriate vet care. **Please provide detailed information for all questions.**

To qualify for adoption you must:

- Be at least 21 years of age and have a valid driver's license or State / Federal identification card stating your current address.
- Have the knowledge and consent of a landlord, if applicable
- Be able and willing to spend the time and money necessary to provide proper medical treatment, proper nourishment and care, and training for a pet

Please note: Dakota's Dream reserves the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.

Section A: Adoption Information

Type of pet you are interested in (check one):

- Cat Guinea Pig Rabbit Rat
- Dog Other: _____

***Please fill out a separate application for each animal type*

Name of pet(s) you are interested in (if applicable): _____

Why do you wish to adopt this pet?

(check all that apply)

- Companion for me / my family Companion for another pet
- To teach children responsibility I feel sorry for the animal For breeding
- Other (please explain): _____

Section B: Personal Information

Applicant Name: _____

Age: _____

Co-applicant Name: _____

Age: _____

Address: _____

Home Phone: () _____

City, State, Zip: _____

Work Phone: () _____

Email Address: _____

Cell Phone: () _____

Are you a first time applicant?

- Yes No

Are you personally associated with one of our volunteers?

- Yes
 No

If yes, please provide name(s): _____

How did you find out about Dakota's Dream? (check all that apply)

- Facebook Twitter Instagram PetSmart Posh Pets Just Cats Clinic
- Radio Website Previous Adopter Other: _____

Section C: Employment Information

Are you currently (check all that apply) :

Employed: Full time Part time Student Other (please explain) :
 Unemployed Retired

Applicant employer: _____

How long w/ current employer? _____

Co-applicant employer: _____

How long w/ current employer? _____

Section D: Household Information

How many persons (adult and children) live in your home other than yourself? Please list names and ages: _____

Does anyone in your household have allergies? (check all that apply)

No Allergies Unknown Cat Dog
 Other animals (please list all that apply) : _____

Are all members of your household aware of, and in agreement with, this potential adoption?

Yes No If no, please explain: _____

How long have you been at your current address?

Do you: Own Live w/ parents
 Rent Live w/ housemates

Do you live in a: House Townhouse
 Mobile Home Apartment

Rental agency / Landlord name (if applicable) : _____

Landlord phone: () _____

If you rent, does your lease allow pets?

Yes No Don't know

If yes, how many: _____

Would you object to a home visit by one of our volunteers?

Yes No If yes, please explain why: _____

Section F: Veterinarian Information

Are you willing to provide regular vet care for the new pet? Yes No

What is your estimate of the cost for annual routine vet care for the pet you wish to adopt? \$ _____

Please provide a description of what you consider to be routine vet care: _____

Do you believe in spaying and neutering?

Yes No

Name of veterinarian: _____

Phone number: () _____

Veterinary Clinic: _____

Address: _____

City, State Zip: _____

Section G: Current and Past Pets

What pets do you currently have? List all. Exclude fish.

Pet Name	Type / Breed	M/F	Spayed/Neutered?	Age	Where Obtained?	How long has s/he been in your care?	Indoor/Outdoor?

Are your pet's vaccinations current?

- Yes *If no, why not?* _____
 No _____

Have any of your pets been exposed to communicable diseases?

- Yes *If yes, please explain:* _____
 No _____

Are your pet's current on flea/tick preventative?

- Yes *If yes, what brand/type (example Frontline topical)?* _____
 No *If no, why not?* _____

For DOGS, heartworm preventative given?

- Yes *If no, why not?* _____
 No _____

For CATS, have they been tested for Feline Leukemia/FIV?

- Yes No Unknown
If yes, the results: Negative FIV + FeLV +

Are your pet(s) socialable with other animals?

- Yes No Unknown

What type of food do you feed? _____

- Free feed Scheduled

Please tell us about the animals you have owned in the past, who are no longer with you.

Pet Name	Type / Breed	M/F	Spayed/Neutered?	Deceased?	Cause (if known)?	How long was s/he in your care?	If alive, where & why was s/he rehomed?

Have you ever been guardian to any animals that were:

(check all that apply)

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Killed by moving vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Killed by another pet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Given away? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Turned into a shelter/rescue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lost or stolen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain any items answered with a 'yes':

Section H: Responsibility

Who will primarily be responsible for the care of the pet? _____

Is someone home during the day?

- Yes *If yes, who?* _____
 No *How many hours will the pet be alone?* _____

How many hours do you realistically have each day to spend with your new pet? _____

Section H: Responsibility (cont.)

When inside, how do you plan to keep your pet?

- Free inside home/habitat
- Confined to crate
- Inside a closed room

If / when outside, how do you plan to keep your pet?

- Attended
- N/A - Not Outside

When traveling, where do you plan to keep your pet?

- Pet sitter
- With family
- Other, please explain: _____
- Boarding agency

What will happen to the pet if you have to move?

If your pets were to survive you, what would happen to them? Who would take responsibility for them?

Section I: Animal Care

Are you looking for an indoor, outdoor, indoor / outdoor pet?

- Indoor
- Outdoor
- Both

If outdoors, how will you monitor your pet? (check all that apply)

- Leash & regular walks
- Dog Run
- Doggie Door
- Tie out chain
- Deck/balcony
- Invisible Fence
- Free roaming
- Screened porch/patio
- Outdoor habitat
- Unfenced backyard
- Other, explain: _____
- Fenced backyard (type & height): _____

How will you introduce your new pet to any existing pets?

What kind of behaviors do you find unacceptable?

How do you plan to handle undesirable behaviors?

Breed specific questions:

For CATS, do you believe in declawing?

- Yes
- No
- Don't know

For SMALL ANIMALS:

What type of habitat will you use for your small animal?

Are your cats declawed?

- Yes
- No
- N/A

What type of bedding will your use for your small animal?

If yes, why: _____

For DOGS, do you believe in debarking?

- Yes
- No
- Don't know

Are you familiar w/ any specific health issues for the type of animal you are interested in adopting?

- Yes *If yes, please list:* _____
- No

This animal may take several weeks or months to fully adjust to you and your home. How would you ease the adjustment?

Section L: Commitments

Because it is very stressful for any animal to go from home to home, we hope to place each one in a caring home for the rest of its life, which could be up to 25 years. Are you prepared to make this commitment? Yes No

If you are no longer able to keep the animal you adopt, do you agree that you must return the animal the Dakota's Dream Animal Rescue? Yes No

Furthermore, do you agree that if you cannot keep the animal you adopt, you must house the animal until a suitable new permanent home is available or foster home space opens up? Yes No

NOTE: If for any reason the animal needs to be returned, a surrender fee will be applicable after 30 days.

Please list any questions you may have for us and/or any comments and explanations that haven't previously been addressed.

Section M: References

Please list three (3) responsible references who have known you for several years:

Name: _____ Phone: (_____) Relationship: _____
Name: _____ Phone: (_____) Relationship: _____
Name: _____ Phone: (_____) Relationship: _____

By signing, I agree that the above statements are true to the best of my knowledge.

Signature of Applicant: _____ Date: _____
Signature of Co-Applicant: _____ Date: _____

Submission Options:

Fill out application electronically and submit using the "submit application" button. If the "submit application" button does not function: A) save a copy of the completed application to your computer, B) attach it to an email message and C) send it to dakotas.dream@hotmail.com. We recommend you print a copy of your completed form and/or save a copy to your computer for your records.

Adoption Rules:

Dakota's Dream Animal Rescue is dedicated to the humane treatment of all animals. We have an obligation to not adopt any animal out unless it is going to a responsible home where it will be part of a family's entire life. For that reason, Adoption Rules have been established. Please read the next page carefully for the adoption rules. Your application cannot be reviewed before you have accepted these guidelines.

All questions must be answered before the application can be accepted for review by a Dakota's Dream Animal Rescue adoption agent.

Adoption Rules



1. A responsible adult 21 years of age or older must sign the adoption application and accept full responsibility for the care of the pet.
2. If at any point in time this cat must be relinquished to another individual/organization, it will be done at the discretion of Dakota's Dream.
3. Cats are placed as household pets and not to work as mousers or function as barn cats.
4. All females must be spayed and all males must be neutered.
5. Should an animal be found to be pregnant after adoption, the pregnancy shall be terminated. In the event of a full-term pregnancy, where a veterinarian determines that the pregnancy cannot be safely terminated, the offspring shall be surrendered to Dakota's Dream.
6. All persons living in the household are to be involved in the selection of the pets.
7. Unless there is a pre-approved adoption application on file, there can be up to a 24-hour waiting period, to all the potential adopter to prepare for a new pet and for Dakota's Dream to check on rental status regarding pets (If applicable) and to call the adopter's veterinarian regarding the adopter's current pets.
8. It is strongly recommended, for the well-being and health of the animal, cats remain indoors. Cats are not to be let outside unsupervised. Cats are not to be let outside unless they are spayed or neutered.
9. Declawing requires the surgical removal of the first digit of a cat's toes. It is an extremely painful procedure that can result in unwanted behavior such as biting, aggression, or refusal to use its litter box. Therefore, it is strongly recommended cats not be declawed as there are non-surgical alternatives available.
10. Declawed cats adopted from Dakota's Dream must be indoor cats only.
11. Dakota's Dream reserves the right not to place kittens under six months of age where there are children under the age of six, for the protection of both the child and the animal.
12. No animal will be adopted to anyone with a history of losing, giving away, selling, or having animals injured or killed by moving vehicles.
13. People living in rental housing must have written or verbal permission by the proper authority.
14. Dakota's Dream reserves the right to reclaim the animal if, in its opinion, the animal is not being properly or humanely cared for.
15. Dakota's Dream reserves the right to do a home visit, at its discretion, prior to adopting a cat.

By signing this document, I/We certify the above statements about me and my history with companion animals are true and correct. I/We understand Dakota's Dream reserves the right to refuse any applicant based on its adoption rules and guidelines. Any misrepresentation of fact may result in my/our application being rejected.

My signature on this document also permits my present or previous Veterinarian or Animal Hospital to release requested information to an Dakota's Dream volunteer/adoption agent regarding my current or previously-owned pets for the purpose of considering my application. I am/We are aware that prior to placement of a pet from Dakota's Dream, my currently-owned pets, for their protection, must be up to date on needed vaccinations including: rabies, distemper shots, and in some cases feline leukemia and feline aids tests.

In accordance with § 3.1-796.95:5 Sections B and C and/or C of the Virginia State Code, I/We affirm that I/We have never been convicted of animal cruelty, neglect, or abandonment.

I/We have read and agree to abide by the above Adoption Rules.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____

By my signature below, I have completed or provided the following (please check all that apply):			
<i>UAL checked:</i>		<i>Received clearance from rental agent/agency:</i>	
<i>Reviewed entire application:</i>		<i>Vet records on adopted cat given to adopter:</i>	
		<i>Informed adopter of pending shots/medicines:</i>	
Signature of adoption agent:		Date:	
<i>**For DDAR Representative use only**</i>			