

**A New Beginning Animal Rescue
Adoption Application
P.O. Box 92
Plainview, NY 11803**

516-322-5865 Fax: 516-921-6524 e-mail: newbeginningresq@aol.com
Web Site: nbrescue.org

Before you fill out this application make sure that you have considered all the responsibility involved with taking in an animal to your family. This is a lifetime commitment and should be thought through carefully. Companion pet ownership means financial obligations for regular maintenance and an illness or injury can occur during the pet's lifetime. The information included in this application must be accurate and the applicant must be at least 21 years of age. All family members must be included in the decision to adopt. If any information is found to be false it will result in our not approving your application and not allowing adoption in the future.

****Please fill out and return to NewbeginningResq@aol.com or fax to 516-921-6524.**

Necessary for adoption:

*** Older than 21**

*** Identification showing ownership of home or landlord consent**

Name: _____

Street Address _____

City: _____ State: _____ Zip _____

Home Phone: _____ best time to call _____

Cell Phone: _____ best time to call _____

E-mail address: _____

Employer Name: _____

Employer Address: _____

City _____ State _____ Zip _____

Employer Phone: _____

Drivers license number: _____ State: _____

Date of Birth: _____

How did you hear of us? _____

Companion Pet Name if applicable _____

Breed desired: _____

Animal Age: Puppy _____ Adult _____ Senior _____

Male: _____ Female: _____

Home Information:

Own: _____ Rent: _____ Live with parents: _____
Apartment: _____ Condo: _____ Co-op: _____ Other: _____

Do you have a roommate? _____ If so please provide name and phone number:

How long have you lived at your current address? _____

Any plans to move in the near future? _____

The following must be completed so that we may verify that you are allowed to own pets:

If you rent, are you allowed pets? Yes () No ()

Does your rental agreement restrict the type of pet you may own by size or breed? Yes () No ()

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Landlord Phone: _____

Please list all people living in your residence:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone in your home have allergies to any animals? Yes () No ()

If yes, what specific allergies and to what animals? _____

Are all members of your household in agreement of adopting a dog? Yes () No ()

For whom are you adopting this animal?

Myself () My Children () Gift ()

Who will be the primary caregiver of this animal? _____

Who will be financially responsible for this animal? _____

Why do you want this dog? Companion () Companion for another pet () Security ()

Other () Explain _____

Please list all animals owned over the last ten years beginning with animals currently living in your household. (Please use back if you need additional space)	Animal Type/ Breed/ Name	Sex	Age	Spayed/ Neutered	Pet Status Alive Passed Other- Explain	Vet you used?
--	--------------------------------	-----	-----	---------------------	--	---------------

Are your pets current on their vaccinations? Yes () No ()

Does your pet get along with other dogs? Yes () No () Don't Know ()

How many dogs have you owned in the past? _____

Have you ever taken a pet to the shelter? _____

IF YES, Please explain: _____

Have you ever had a pet lost or stolen? Yes () No ()

Have you ever had to retrieve your pet from animal control/shelter? Yes () No ()

Have you ever had a pet die from being hit by a car? Yes () No ()

Dogs can live to be up to 12 to 18 years of age. Are you willing to devote this much time to caring for an animal? Yes () No ()

Home Information:

Do you have a backyard? Yes () No ()

Is it fenced? Yes () No ()

If so, how high is the fence? _____ feet

If not, how will the dog relieve/exercise itself? _____

Do you have a terrace/balcony? Yes () No ()

If yes, is it enclosed? Yes () No ()

What is your level of household activity? Very active () Moderately active () Calm ()

How many hours are you gone from your home per day? _____

Do you travel often? _____

Who will care for your pet when you travel? _____

Do all adults work full time? Yes () No ()

How many hours a day will your dog be alone? _____

Do you have a pool? Yes () No ()

Are there stairs leading into your home or inside your home? Yes () No ()

What living arrangements will be made for your new dog?

Inside only () Outdoors () Indoor and outdoor () Cable run ()

Fenced in Yard () Loose in yard () Loose on property ()

Where will your new dog be kept when alone? _____

Where will your new dog sleep at night? _____

Do you object to a home inspection by our rescue? Yes () No () Can you financially afford to provide Veterinary care for your dog (care per year can be \$300 to \$500 or more yearly) Yes () No ()

If and when you need to move, are you willing to take your pet with you and if necessary provide extra security deposit to be able to take your dog with you? Yes () No ()
If you become ill, who will take care of your pet?

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Best time to call: _____

Personal References: No Family Members Please

Personal Reference 1:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____
Relationship: _____ Best time to call: _____

Personal Reference 2:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Best time to call: _____
Relationship: _____

Veterinarian Information:

Do you have a local veterinarian? Yes () No ()
Do we have permission to contact your veterinarian? Yes () No ()
Vet's name: _____
Address: _____
City: _____ State: _____ Zip: _____
Vet's phone number: () _____ We cannot look up info.
Veterinarian records are under what name? _____
Please provide any other information that you would like to share with us for the purpose of reviewing your application: _____

By signing this application I certify that the information provided in this form is true and accurate to the best of my knowledge. I am aware that the completion of this application does not guarantee the approval to adopt a dog from our rescue. I give the rescue permission to contact my Veterinarian permission to release all information on my current and previous pets to the rescue. In signing I am also giving permission to call my references, landlord should that apply. I understand that this is the first step in the adoption process and that if this application is approved that I will have a home inspection, fill out an adoption contract and pay an adoption fee in order to finalize this process. This application remains the property of the rescue

Please digitally sign: _____ **Date:** _____