



**Roxie's Place Animal Sanctuary
Point, TX**

APPLICATION FOR CANINE ADOPTION

Date:	Name of dog desired:	Color(s):
Age of dog desired:	Oldest dog considered:	Approx. weight as an adult dog:
Breed:	Gender:	
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Co-Applicant Information		
Name:		Relationship:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
General Information		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
If rental, are dogs allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max. Size:
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit:	
Where will dog live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how high?	
Will you allow the dog to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?	
How many hours per day will the dog be alone?	Where will the dog stay when left alone?	
Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking)	



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Activity level in your home Continued	<input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
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In the absence of the primary caregiver, who will care for the dog?

Under what circumstances would you return the dog to us? New Job Divorce New Baby Move Illness
 Other – specify

Are you willing to take responsibility if this pet acquires an illness for tests positive for heartworms? Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No

Are you willing to take the time to work with a dog on housebreaking or chewing, if such problems arise? Yes No

Would you consider obedience training for your new dog? Yes No

How much time are you prepared to allow for your new pet to adjust to your home?

Pet Information

Have you had pets in the last five years? Yes No If yes, complete the following chart

Name of Pet; Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic: _____ Phone: _____

Do you consider your dog a part of the family? Yes No Will your dog be on heartworm prevention? Yes No

Are you aware that a dog is a large and lifelong commitment? Yes No

How did you hear about the Roxie's? _____ Would you like to become a volunteer? Yes No

Personal References

Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

Comments: _____

Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

Comments: _____



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Notes:

Personal References:

Note that your references must meet the following criteria:

- 1. They must be at least 21 years of age*
- 2. Neither reference may live with you and they cannot live with each other*
- 3. At least one of the references must be a non-family member*
- 4. Neither your Landlord or Veterinarian may serve as a personal reference*
- 5. You must have known your reference at least one year*
- 6. The reference cannot be a physician/business/company/organization.*

Your Home & Family:

An important message for renters or applicants that live with family: As part of our process we will need to complete a landlord/property owner Reference. Please let the landlord/property owner know to expect a call from us.

Current Veterinarian/Clinic:

IMPORTANT NOTE: As part of the approval process we will contact the vet listed below to confirm record of current rabies vaccination, distemper vaccination (dogs only), and spay/neuter for any cats and dogs living in the home or any pets that were owned by the applicant within the last 3 years. These are required for approval and can result in denial unless there is a medical reason that is confirmed by the veterinarian. Please provide the name and phone number for the veterinary office that would have that information. Please also note, if there are any pets in the home that not owned by the applicant(s), we will still need to complete a vet reference to confirm vaccination and spay/neuter. Please provide the name and number for the vet as well and the name of the pet owner.



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Our Adoption Process is made up of three parts:

1. *The Review – During this time we will look over the application to ensure it's fully completed. We will contact you with any questions that we may have.*
2. *The Reference Checks – We will contact your two personal references and, when applicable, a landlord reference and vet reference.*
 - a. *Please let your personal references and landlord know to expect a call, and give your vet permission to speak with us, as this often helps to expedite the process.*
3. *The Home Visit – If you are located within a reasonable distance from our headquarters in Point, Texas, this will include a quick tour of the entire home, a chance for us to meet all members of the family, and is a great chance for you to ask questions about our organization. The visit should only take approximately 15-20 minutes. (No need to sweep up the dust bunnies – That's not what we are looking for!)*

Should you live in another area, we will conduct our "home visit" virtually via FaceTime, Skype, or another video conferencing platform.

Information will be kept confidential.