

Alice's Angels Rescue • Office: 916-410-5210 • <u>AlicesAngels2010@yahoo.com</u> <u>www.alicesangelsrescue.com</u>

Adoption / Foster Application

Please answer all questions completely. Attach additional sheets if necessary. Incomplete applications may be automatically rejected.

Name	:				
Addre	SS:				
City:		_ State:	Zip	:	
⊃hone	e: (Home):	(Cell):		
Best t	ime to call: E-M	lail Address: _			
Name	of dog(s) you are interested in:				
1)) Are you adopting the dog for you/your family, or for someone else?				
2)) Why do you want to adopt a dog?				
3)	Does everyone in your househol	g to adopt a dog, and doe			
	every member of your household want a dog? 4) Please describe those pets who are currently with you:				
4)					
	Type/Breed	Age	Gender	Spayed/Neutered	
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	Type/Breed	Age	Gender	Spayed/Neutered	
	Type/Breed	Age	Gender	Spayed/Neutered	
5)	Does anyone in the household have allergies to pets?				
6)	How many people reside in your household? Adults: Children:				
7)	Who will be responsible for feeding, house breaking/training?				
- `		•			
8)	Do you own or rent your residen	ce?			

10) What type of home do y Apartment Condo	•	dwelling Other				
11) Will anyone be home during the day? Who?						
12) Is your yard fenced?	12) Is your yard fenced?					
13) Where will the dog stay	13) Where will the dog stay during the day? (Please check all that apply)					
Indoors Loose Outdoors tied up		Outdoors loose Doggie Daycare				
14) Where will the dog slee	14) Where will the dog sleep every night?					
15) When you are on vacat	5) When you are on vacation, where will the dog be kept?					
Home, someone come Boarding kennel		Pet sitting service				
16) How will you housebreak/train the dog? (Details please)						
17) What made you choose this specific breed?18) Is there anything other information that you would like to include to be considered?						
permission for Alice's Angels to u follow up calls to evaluate my add	se any of the informa option application. All	ne best of my knowledge and belief, and I hereby give my ation provided on this application or during any subsequent I information provided to Alice's Angels Rescue is held in erwise disclosed to any other entities unless required by				
and are set on a case-by-case ba vaccinations, examinations, de-w	sis. The adoption do orming, spay/neuter, oters. Our primary co	depending upon the rescue costs associated with each dogonation partially offsets rescue costs that may include micro-chipping and other rescue costs. Medical records oncern is the health and safety of the animals. Alice's hal.				
Signature:		Date:				

9) If you rent, please provide the name, address, phone number of your landlord: