



My Journey Home Dog Rescue

180 Flowing Well Rd. | Kalkaska, MI 49646

dogs.journey@yahoo.com | (231) 384-5009

Animal Name:	Master Number:
Date:	

ADOPTION / FOSTER APPLICATION

PERSONAL INFORMATION

Primary Adopter:	Secondary Adopter:
Street Address:	City, State, Zip:
Email Address:	
Home Phone:	Cell Phone:
Drivers License Number:	Date of Birth:
Primary Adopter's Occupation:	
How long at present address?	Do you: ☐ own ☐ rent?
If you rent, landlord's name:	Landlord phone:
Do you live in: ☐ Apartment ☐ House ☐ Condo ☐ Mobile home park	
Are there any pet restrictions?	
How many people reside in your home? Adults Children	Ages of children:
Does anyone in your home have allergies to dogs/cats? ☐ Yes ☐ No	
If you move in the future, what will you do with your dog?	
Is everyone in your home aware that you plan to adopt this dog? ☐ yes ☐ no	
Are they in agreement?	

Please list two personal references:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:



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DOG Adopters only:

Will the dog live ☐ Inside ☐ Outside

Do you have a COMPLETELY fenced-in yard?

☐ Yes ☐ No

If yes, type and height of fence:

If no, how will you contain the dog to your property?

Where will the dog be kept when no one is home?

How many hours per day will the dog be left alone?

Where will the dog sleep?

What will you do with the dog when you go out of town?

Are you willing to obtain a crate for house-training if necessary?

☐ Yes ☐ No

Are you willing to enroll the dog in obedience training classes?

☐ Yes ☐ No

How would you handle destructive behavior (chewing, barking, digging)?

PET EXPERIENCE

CURRENT PETS

Name	Breed	Age	Vaccinations	Sex	Spay/Neutered	Illnesses	Behavior Issues

VETERINARIAN REFERENCE

Name:

Phone:

City:

PREVIOUS PETS

Name	Breed	Age	What happened to him/her?	Name and phone of Veterina..



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Miscellaneous

Rescued animals need time to adjust. Are you willing to give adequate time for proper adjustment? ☐ Yes ☐ No

For what reason, if any, would you consider giving up your pet?

Do you agree to have regular check-ups and vaccinations administered by a vet? ☐ Yes ☐ No

Does your household budget allow you to provide regular veterinary care for this dog (approximately \$300-\$400 per year)? This includes annual vaccines, feline leukemia test, heartworm test, flea preventative, and diagnosis and treatment of any illness.

☐ Yes ☐ No

Would you object to an My Journey Home Dog Rescue representative visiting your home prior to or following a pet adoption? ☐ Yes ☐ No

I/we acknowledge that all of the information provided on this adoption application is correct. I/we understand that any misrepresentation of facts may result in the removal of an adopted dog from my home by My Journey Home Dog Rescue.

Primary Adopter Signature: _____

Secondary Adopter Signature: _____

Date:

Date: