



# See Spot Smile Dalmatian Rescue Adoption Application

Date: \_\_\_\_\_

Primary Adopter \_\_\_\_\_

Secondary Adopter (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Alternate Contact: Used only in case of an emergency if you cannot be reached.

Name and Phone No. \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_ Do you... Rent \_\_\_\_ Own \_\_\_\_

How many people live in your home? Adults \_\_\_\_ Children \_\_\_\_ Ages? \_\_\_\_\_

Is your yard fenced? \_\_\_\_\_ If not, how will you contain the dog to your property? \_\_\_\_\_

How many hours per day will the dog be alone? \_\_\_\_\_ Where will the dog sleep? \_\_\_\_\_

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

What will you do with the dog when you need to travel? \_\_\_\_\_

If you move in the future, what will you do with your dog? \_\_\_\_\_

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Do you have any experience with Dalmatians? If yes please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you prefer a male or female? \_\_\_\_\_ What age are you willing to adopt? \_\_\_\_\_

Have you owned a dog before in your adult life? Yes \_\_\_\_\_ (If yes please fill below.) No \_\_\_\_\_

Type/Breed \_\_\_\_\_ Neutered/Spayed/Intact? \_\_\_\_\_

Type/Breed \_\_\_\_\_ Neutered/Spayed/Intact? \_\_\_\_\_

Where are these dogs now? \_\_\_\_\_

List all of the animals that you *currently* own. (Species/breed/age/sex/altered/etc...) \_\_\_\_\_  
\_\_\_\_\_

Veterinarian for Current or past dogs. Name \_\_\_\_\_

Locaton \_\_\_\_\_ Last visit: \_\_\_\_\_

Please list anything that you would not be able to tolerate in a rescue Dal. For example: not good with cats, children, small dogs, specific behavioral issues, etc... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adopted/Rescued animals need time to adjust to a new home. Are you willing to give this dog adequate time to adjust to ensure proper adjustment. This can take weeks to months to adjust depending on their past history. Yes \_\_\_\_\_ No \_\_\_\_\_

I/We understand that in order to complete processing of this application, a home visit and verification of regular veterinary care of existing pets is required. I agree to such a scheduled visit and give permission for my veterinarian to release said information.

I/We acknowledge that all the information contained on this form is true and correct. I/We understand that any misrepresentation of facts may result in the removal of the adopted dog by See Spot Smile Dalmatian Rescue.

Primary Adopter's Signature \_\_\_\_\_

Date \_\_\_\_\_

Secondary Adopter's Signature \_\_\_\_\_

Date \_\_\_\_\_