



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? _____

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 _____