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SCPR FOSTER/ADOPTION APPLICATION

Thank You for Considering One of Our Loveable Fuzzy Butts!

socalpomrescue@coapc.com



Date _____ Desired SCPR Dog(s) _____

Name of Applicant _____ Age _____

Occupation _____

Home Address/City/Zip _____

Primary _____ Work _____ Email _____

Spouse/Significant Other _____ Age _____

Occupation _____

Names & Ages of Children, if any _____

If so, please describe their previous experience with dog's _____

Any Other Occupants in Home _____

Does Anyone In Your Household Have Allergies? Y N Describe _____

Type of Dwelling House Condo/Apt. Other _____

Do You Own or Rent Your Home? If renting, do you have permission from landlord to have a dog?

If yes, your Landlord's Name _____ Phone _____

Please List Pets You Have Owned

Animal _____ Length of Ownership _____ What Happened to the Animal? _____

Do You Have a Regular Vet? Y N Vet Name/Phone _____

Other Pets (Number, Sex & Age of Each)

Dogs _____

Cats _____

Other _____

What Are Your Primary Reasons for Wanting a Dog?

Companion for Your Children or Other Pet a Watchdog a Gift Other _____



Where Will the Dog Sleep at Night?

Dog house Laundry Room Master Bedroom Bathroom
Garage Kitchen Child's Room Other [Explain]

What Outside Areas are Available to the Dog?

Fenced Yard Dog House Unfenced Common Area
Enclosed Patio/Balcony Garage Other [Explain]

Type of Fencing Chain link Wood Block wall Other _____

Height of Fence Highest Point Lowest Point

Are Their Gates? How Many? How High?
Have you recently inspected your fence and is it secure, without holes, gaps, or low points? Y N. If no and your application is accepted, do you agree to thoroughly inspect your fence and make any necessary repairs before the home visit? Y N

Is There Any Type of Lock On the Gate(s)? Padlock Key Latch Other _____

Do You Have a Pool? If yes, is there a secure fence around it? _____

Who Has Access to Your Yard? Gardner Pool-man Housekeeper Utility Neighbor

Preferred Level of Exercise with Dog? Couch potato Short walks Vigorous walk Hike/jog

What Kind of Food Will You Feed the Dog? Include the Brand Name(s)

How Would You Discipline Your Dog if He or She Misbehaved?

How Do You Walk Your Dog? On leash Off leash

Which of the Following Reasons Might Prompt You to Give Up Your Dog?

Poor Watchdog Excessive Barking Growling at Guests None of the Above
Shedding Biting Aggressive on Leash
Destructive Chewing Digging Accidents Indoors
Financial Troubles Moving New Spouse/Partner Doesn't Like Dogs

How Did You Find Out About Our Adoption Program? _____

Why Are You Interested in Adopting From A Rescue? _____

Is There Anybody Home During The Day? Y N Who? _____

How Many Hours Per Day Will the Dog Be Left Alone? Inside Outside

Where? _____



Supplement QUESTIONNAIRE for Foster Applicants

Driver's License	License Plate	Make/Model/Color of Vehicle		
I understand that fostering a dog is not a job. It is an act of kindness and you will not be paid for it.			Y	N
I understand that the dog must be taken to adoption events.			Y	N
I understand I need to meet prospective adopters with 24-48hr notice.			Y	N
I understand that SCPR will arrange for the medical care of the dog and its transport to/from the vet.			Y	N
I understand that the dog I receive may have behavioral issues and that I will have to work with to resolve before placement? If no please explain:			Y	N
I understand that as the fostering parent of this dog, I will have first choice when it comes to adopting this dog? A \$50 discount will be given if you choose to adopt your foster dog.			Y	N
I understand that all prospective owners of the foster dog must apply through SCPR to adopt the animal.			Y	N
I understand that if the dog becomes a danger to others or it is in danger itself, SCPR will immediately remove it from fostering and take it to a rehabilitation facility.			Y	N
I understand that in the event of <u>a medical emergency I am to contact SCPR to receive authorization</u> to take the dog to the nearest open veterinary office for treatment.			Y	N
I understand that the rescue is responsible for ONLY providing medical care. Other supplies will be provided as deemed appropriate to the fostering parent.			Y	N
Do you have a friend(s) or relative(s) who would take this dog, or facilitate returning it to this Pomeranian Rescue Group, if you became unable to care for it? If yes, please list their name, relation and phone number			Y	N
Name _____ Phone _____				
Please estimate the cost of dog food, toys, grooming, etc. for your new foster pet \$ _____ per ____				
Is this amount feasible within your budget?			Y	N
I understand that if I am no longer able to foster the animal I am to contact the rescue and we will arrange to re-place the foster dog immediately.			Y	N
I understand that I am not supposed to get any new pets while fostering our animals.			Y	N
I understand that Pomeranian's as a breed are fragile and prone to sudden onsets of illness that may require immediate health care.			Y	N
I understand that the dog must be indoors during temperatures below 45* or above 85*			Y	N
Are you willing to take special needs animals? This may include behaviorally challenged or medically difficult animals. If yes, please describe ability to care for the animal.			Y	N
Are you willing and able to foster multiple dogs? If yes how many?				
We reserve the right to inspect all potential homes and yards prior to placement. Is this agreeable to you? If not, please explain			Y	N



APPLICATION AGREEMENT

**** Please note we abide by all CA STATE LAWS and will not discriminate against anyone who does the same ****

We are a non-profit organization. The adoption donation is used to partially to recover the costs involved in rescuing this dog. These costs include but are not limited to Shelter fees, spay/neuter, food, housing, vaccinations, de-worming, microchip, and any vet exams or medical care that the dog may have required. We would not have been able to save the life of the dog you are fostering/adopting without the adoption donation from another that came before him/her.

I have read the above carefully and have filled out this application honestly. I understand that an omission and/or failure to answer all questions can result in the application being declined. If an omission or untruth is discovered after an adoption/fostering takes place, I understand that The Southern California Pomeranian Rescue has the right to annul the fostering/adoption and reclaim the dog.

I can ___ cannot ___ make a donation of \$100-\$500 for the dog to help cover costs of the dog we are adopting. Anything over that amount will help with medical care, spay and neuter, board and place other abandoned dogs. [Inability to make a donation does not disqualify an applicant from consideration.] I understand that any donation or contribution is a gift freely given, not a purchase price for a dog. ___ [Initial]

I understand that a home visit is required to final placement ___ [Initial]

I understand that a home visit does not guarantee placement ___ [Initial]

I agree to provide my own collar, leash, harness, and personal ID at the time of completing the adoption contract. ___ [Initial]

This application becomes part of the fostering/adoption contract ___ [Initial]

Please Answer by Checking One: I agree I disagree

Your Signature _____ **Date** _____

Your Signature _____ **Date** _____

Thank you for your time in filling this out. One of our Admins will get back to you shortly.
Your patience is very much appreciated!

SUBMIT ALL PAGES TO:

Email: Subject Line -Interested Party on (dogs name)
socalpomrescue@coapc.com

Mail: Southern California Pomeranian Rescue
14252 Culver Dr. Suite A-281
Irvine, Ca. 92604

SCPR DOG INFORMATION

(for SCPR to fill out)

Dog(s) Name _____

Age _____ Weight _____

Description _____

Microchip Number _____

Health Condition (If any) _____

Other Information

SCPR ADMIN: _____ DATE: _____

Southern California Pomeranian Rescue
14252 Culver Dr. Suite A-281
Irvine, Ca. 92604