

Application for Adoption Pit Road K-9 Rescue and Sanctuary, Inc.

www.pitroadrescue.org
P.O. Box 3663
Williamsburg, VA 23187
757-897-7668 757-897-2544



Primary Caregiver's Name: _____

Phone Number(s): _____

Address: _____

Email: _____

Own ___ Rent* ___ How long at this address _____

*If renting, please attach written permission from landlord to have a dog.

First name(s) and age(s) of all household members: _____

Other household pet(s) type and age (please include spayed/neutered) _____

Daily work or at-home schedule _____

Estimated daily time with the dog _____

Veterinarian's Name & Address: _____

_____ Permission to call vet for reference info _____

Approximate size of yard _____ Type of fencing* _____

*If no fence, are you willing and/or able to have your yard fenced or partially fenced _____

Where will the dog sleep at night _____

Where will the dog be kept when no one is at home _____

Have you had dogs in the past ___ What breeds _____

What became of previous dogs _____

With previous dog ownership (if any), did you ever have to move where dogs weren't allowed and what did you do _____

Under what circumstances would you not keep a pet _____

Have you ever been convicted of animal abuse _____

Why do you want a dog _____

Any habits or problems a dog might have that you are not willing to deal with _____

Have you adopted from shelters or rescue groups before _____

Volunteer work for animals Yes ___ No ___ I like high-energy, spunky dogs Yes ___ No ___

I realize that a rescue dog may need about average attention and training Yes ___ No ___

PLEASE PROVIDE 3 REFERENCES WITH PHONE NUMBERS ON REVERSE SIDE