Starting Over Airedale Rescue, Inc.

1721 Peavy Road, Howell, Michigan 48843

www.soar-airedale-rescue.com

Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted. We want to ensure that each adoptive household is aware of, and willing and able to accept the physical and financial responsibilities of pet ownership. Not everyone who desires to own a pet is ready to properly care for one. This questionnaire will assist both you and us in determining if your household is prepared to assume the role of responsible caretaker for a rescued animal. Thank you for filling it out!



Application for Adoption

PERSONAL INFORMATION	
Name(s) of adults in household	
Address	
City	State Zip
e-mail	
Telephone number(s)	
Please list all human household members (you may include	e frequent visitors), and their approximate ages:
Name/Relationship Age	Name/Relationship Age
RESIDENTIAL INFORMATION	
[] House [] Condo [] Apartment [] Ranch or Farm	[] Rural [] Urban [] Other (describe)
[] Own Home [] Rent Home If you rent, do you have v	written permission for having a dog? [] Yes [] No
Describe your fencing	
ADOPTION INFORMATION	
Do you prefer: [] Male [] Female [] No preference	Age preference:
What will your Airedale need to get along with? (Check as many	as are applicable)
[] Other dogs	dents [] Poultry [] Older children (age 6-12 years)
[] Livestock [] Women [] Men [] Teenage	ers [] Young children (age 0-5 years)
[] Other (describe)	
Generally speaking, what kind of temperament would best suit you	ur household? Check all that apply.
[] Energetic, always on the go	n or hike [] Sweet and cuddly
[] Patient and tolerant of kids [] Couch potato 80%	
[] Devil dog, needs constant watching or will find things to get	
OTHER INFORMATION YOU WOULD LIKE US TO CONS	SIDER

PET HISTORY				
List all animals currently in your household. Include animals that visit free	quently.			
Type of animal Age Sex Spay/Neuter	Гуре of animal	Age	Sex	Spay/Neuter
Tell us about your previous pets, how long they lived and what ultimately	happened to them.			
Breed Age What happened				
REFERENCES				
If you currently have pets, we would like to be able to contact your vete useful if you would call your vet and let their office know that it is okay to			s. It w	ould also be
Veterinarian or Vet Clinic				
Address				
City	State	Zip		
Telephone number(s)				
If you do not currently have any pets, we would like to have contact infrelative and is not living in your household.	formation for one personal	reference – som	eone v	who is not a
Reference				
Address				
City	State	Zip		
Telephone number(s)				
How does this person know you? (ie. through work, church, neighbor, etc.				
Do you understand that rescues are spayed/neutered or have a spay/neu			[]	Yes []No
Do you understand that if at any time you cannot keep the rescue Aireda	ale, it must be returned to	Airedale Rescue?	[]	Yes []No
Are you aware that if Rescue places an Airedale with you, you will be as \$450, which helps defray costs such as shelter fees, veterinary care and				n is \$300 to Yes [] No
Do you understand that volunteers from our organization may confirm ar application in regards to your application to adopt an Airedale?	ny information or contact a	ny person provid		this Yes []No
Individuals who adopt a rescue Airedale are contacted periodically for ar to its new life. If you adopt a rescue Airedale, do you consent to home v		at the Airedale su		fully adjusts Yes []No
Once you submit this form, we will call your reference and a volunteer wi that arise from the telephone interview, we will have a volunteer do a hor of their own usually). By signing this form, you agree that we can procee	me visit with you. They will	l bring an Airedal	e with	them (one
By signing this application, you certify that the information provided on the Airedale Rescue, Inc. may call the reference that you have provided and understand that proceeding with this application does not guarantee that also understand that if you are approved, you may have to wait until a do and your family.	that we may call you for a SOAR will approve you for	a telephone intervor adopting one o	iew. Y f our d	ou ogs. You
We ask that you please contact your reference(s) and let them know that	t it is okay to release infor	mation to SOAR.		
Cignotius	Dete			
Signature	Date			