

Application



CARS Number: _____

Name of the dog(s) you are interested in _____

CONTACT INFO

First name _____ Last Name _____

Spouse's Name _____ I verify I'm over 21 years old

Street Address _____

City _____ State _____ Zip _____

Phone # _____ Alternative # _____

Email _____ Can we visit your home? Yes No

How did you hear of CARS? _____

Two personal references

Name	Phone number	Email
_____	_____	_____
_____	_____	_____

RESIDENCE

Type of residence

House Apartment Condo/Townhouse Other _____

Do you

Own Rent Live with parents Other _____

If you rent, please give the name of landlord or association and phone number.

What would you do if you moved to a residence where dogs are not permitted?

For how many hours a day would the dog be alone? _____

Do you have a completely fenced yard? Yes No

Type of fence _____ Height _____



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Where would the dog stay while you are away?

- | | | |
|---------------|---------------|-----------------|
| Loose indoors | Gated in room | Garage/Basement |
| Crate | Outdoors | Not sure/Other |

FAMILY

Ages of children that live in the household _____

Do children visit your house regularly (grandkids, neighbors, etc)? Yes No

Are all members of your household in agreement about adopting a dog? Yes No

Describe your household activity/noise level.

- | | | | | |
|--------|-------|-------|--------|-------|
| Active | Noisy | Quiet | Normal | Other |
|--------|-------|-------|--------|-------|

CURRENT/PAST PET(S)

List the Name, Breed/Species, Age, and Gender of any current or past pets, covering the past five (5) years.

What veterinarian or hospital do your animals go to? _____

Phone # _____ Name used _____

Are all your current pets (dogs and cats) spayed or neutered? If no, explain. Yes No

Are your cats and dogs currently up-to-date on vaccinations (rabies, DHPP, etc) as required by your local ordinances and recommended by your vet? If no, explain. Yes No

Are your cats and dogs currently on a regular heartworm preventative year-round? Yes No

Have you ever surrendered a pet, lost a pet, given it to a shelter/rescue, returned to breeder, sold, had a pet seized, etc? If yes, please describe. Yes No

Are you aware that some dogs require a period of weeks or even months to adjust fully to their new home/environment/family/other pets? Yes No

Have you had experience being the primary caregiver to a dog? Yes No



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Are you willing to bring your pet to a veterinarian for yearly exams, vaccinations and preventatives per your veterinarian’s recommendations? Yes No

Are you able and willing to pay for emergency care, which could result in a bill of \$200 to \$1,000 or more? Yes No

Are you able to commit to providing a home for a dog for the life of the dog (up to 15 years or more)? Yes No

What circumstances might justify giving up a dog? (check all that apply)

- | | | |
|----------------|-------------------|-----------------------------------|
| Baby | Divorce | Not getting along with other pets |
| Moving | Allergies | New family member dislikes dog |
| Shedding | Destructive | Behavioral problems |
| Want to travel | Dog becomes ill | Marking/peeing in house |
| Too much time | Not doing its job | NONE OF THE ABOVE |

MY IDEAL PET

- I prefer a dog that is mini/small medium large any size
- I prefer a dog that is Puppy 1-4yr 4+ yrs any age
- I prefer a dog that is Male female either
- I prefer a dog that is Low energy med/avg high energy any energy level

What do you know about the Australian Shepherd breed?

Describe the dog that would fit your dream companion (personality, abilities, physical characteristics, etc).

How will you make sure your dog gets enough exercise?

Would you be willing to pay for obedience or behavioral sessions if needed? Yes No



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When it comes to relating to dogs, I consider myself

A strong leader

A little wishy-washy

Somewhere in-between

If dog exhibits behavioral or adjustment issues, what will you do?

What issues/behaviors do you feel you ARE able to deal with? (check all that apply)

Barking

Whining

Resource guarding

Jumping

Shyness

Separation anxiety

Housetraining

Storm phobia

Sound reactive

Stranger Aggression

None of the above

What bad doggie habits can you NOT tolerate? (see above list for reference)

Please share anything else you would like us to know when helping find the perfect companion for your family.

Would you be interested in learning about some of our "special needs" dogs? Yes No

Would you like to find out more about fostering or volunteering with CARS? Yes No

By submitting this form, I certify that:

The information I have given is accurate and complete.

I understand that CARS has the right to deny any application.

I give permission for a representative of CARS to call the references and veterinary practices I have listed.

If selected as an adopter, this dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

Signature of Applicant

Date

_____/_____/_____