

Lifesavers: Skylyr's Passion

PO Box 6844

Longview, Tx 75608-6844

Lifesaversapps@outlook.com

903-452-0526

ADOPTION APPLICATION

Our goal is to place pets in permanent, loving homes. Please complete this application so we can assist you in finding a special, compatible companion to join your family. With this information, we can minimize the risk of a failed adoption. ***We do not adopt our dogs on a "first come, first served" basis, but rather try to match families to available dogs.*** PLEASE NOTE: All animals are the legal property of Lifesavers: Skylyr's Passion Rescue until the requisite Adoption Contract is signed, all requirements of the Contract are met, and the adoption fee is received. The dogs are placed in permanent homes at our discretion. Lifesavers: Skylyr's Passion Rescue may refuse to adopt to anyone without providing a specific reason.

Contact LSP for adoption fees.

Our adoption fees help to defray the costs of spaying/neutering, testing and vaccinating our pets, treatment of parasites, any necessary surgeries, and heartworm treatments. These fees do not cover the expenses. Our animals are tested for parasites, heartworm tested and placed on heartworm preventative and altered.

Please print clearly. (Must be at least 21 years of age to adopt.)

Today's Date:	Name of animal in which you are interested:		
Breed/Description:	Male/Female:		
<u>POTENTIAL ADOPTER INFORMATION</u>			
First Name:	Last Name:	Date of Birth:	Email Address:
Street address:		City:	
State:	Zip Code:	Home phone no.:	Cell phone no.:
Occupation:	Employer:	What are your work hours?	Work phone no.:
Spouse/Partner's Employer:	Spouse/Partner's Work or Cell no:		What are his/her work hours?
How many hours would the pet be alone while you and/or your spouse/partner are at work?:			
Where would the pet stay while you and/or your spouse/partner are at work?:			
Do you have a pet door?		Would you be willing to install one?	
If "No", how will you handle the dog's elimination needs when you are not home?			
Where would the dog sleep?			
Have you housetrained a dog before?			
If "Yes", describe how you accomplished this:			
Do you or your spouse/partner travel frequently?			
What will you do with the pet when you travel?			
What will you do with this pet if you have to move?			
Are you willing/able to purchase and use a crate if needed or advised?			
Are you willing/able to attend <u>approved</u> obedience or training classes with the dog?			
Have you heard the term "socialization"?			
Do you realize that socialization means taking your dog outside of your home, and correctly introducing the pet to other people and other dogs?			
How would you exercise the dog?			

Does every adult in the household want this particular dog?	
Does anyone in the household have allergies?	If so, are they allergic to animal dander?
Do you have children?	If "Yes", what ages?
Do you have grandchildren?	If "Yes", what ages?
ARE YOU A MEMBER OF A HOMEOWNERS' ASSOCIATION? If so, do you have a copy of all the bylaws, policies, regulations, etc. especially as they relate to pet ownership?	
Do you Own or Rent your apartment or home?:	If renting, how long at this location?
If renting, does your lease allow pets?	Breed or weight restrictions?
Pet deposit required?(We will need confirmation of payment of any required pet deposit.)	
Rental manager's name and phone number:	
Do you have a fenced yard?	What type of fence and how high?
Are your gates securely locked?	If "No", are you willing to do so?
Do you have a pool?	If "Yes", is the area fenced off?
Have you owned this breed/mix before?	Have you owned a rescued animal before?
Why did you choose this particular breed?	
A rescued animal <u>will</u> have a period of adjustment which may be from two weeks to a few months. Are you willing to commit to this adjustment period and follow recommendations for a smooth transition?	
Have you ever adopted from a rescue group or shelter?	If so, what group/shelter?
Have you ever given up animal(s)?	If so, why?
What did you do with the animal(s)?	
What qualities are you looking for in a pet? (Please be specific)	
What traits or characteristics are you sure you do NOT want?	
Do you give permission for a LSP representative to visit your home prior to adoption to do a home check and after adoption to do follow up visits?	
Release for Veterinary Reference (to be completed by potential adopter)	
I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals, to Lifesavers: Skylyr's Passion. _____	
(Signature)	
My current veterinarian is _____, located at _____, and can be reached at (____) _____. [If you do not have a veterinarian reference, please provide two personal references in the space provided at the end of this form.]	
<u>PET OWNERSHIP HISTORY</u>	
Do you or did you have other pets? Please state the breed, sex, etc. of each pet, including whether it was spayed or neutered, on heartworm preventative, how and when the pet was acquired, and why you no longer have the animal.	
<u>Pet #1</u>	
Name:	Dog, Cat, Other? How acquired?:
Length of ownership:	Age of Animal? Breed:
Male or Female?	Spayed or Neutered? Heartworm preventative?
What kind of Heartworm preventative?	When last given?

Date of last shots:	DHLPP	Bordetella	Rabies
Where did this animal sleep?			
Where did the pet stay while you were away or at work?			
Did this pet have any problems or conditions?		If "Yes", explain:	
What happened to this pet?			
Pet #2			
Name:	Dog, Cat, Other?	How acquired?:	
Length of ownership:	Age of Animal?	Breed:	
Male or Female?	Spayed or Neutered?	Heartworm preventative?	
What kind of Heartworm preventative?		When last given?	
Date of last shots:	DHLPP	Bordetella	Rabies
Where did this animal sleep?			
Where did the pet stay while you were away or at work?			
Did this pet have any problems or conditions?		If "Yes", explain:	
What happened to this pet?			
Pet #3			
Name:	Dog, Cat, Other?	How acquired?:	
Length of ownership:	Age of Animal?	Breed:	
Male or Female?	Spayed or Neutered?	Heartworm preventative?	
What kind of Heartworm preventative?		When last given?	
Date of last shots:	DHLPP	Bordetella	Rabies
Where did this animal sleep?			
Where did the pet stay while you were away or at work?			
Did this pet have any problems or conditions?		If "Yes", explain:	
What happened to this pet?			
Does anyone in the house smoke?			
My signature below affirms that the statements above are true and correct.			
_____ Signature		_____ Date	
*PLEASE NOTE: THIS IS ONLY THE APPLICATION. IF AN ADOPTION IS PURSUED, A HOME VISIT WILL BE NECESSARY, AN ADOPTION CONTRACT MUST BE SIGNED AND RETURNED, ALL REQUIREMENTS OF THAT CONTRACT MUST BE MET, AND THE ADOPTION FEE RECEIVED BEFORE AN ADOPTION IS CONSIDERED FINAL.			
References [if no current veterinarian reference]			
Name:	Relationship:	How long known:	
Phone No.:	Address	Email:	
Name:	Relationship:	How long known:	
Phone No.:	Address	Email:	