**ADOPTION/FOSTER APPLICATION**

***Instructions:*** We encourage you to please complete this application in full, email, print out and mail or fax to WAGS at the contact information listed at the end of the application. Please be sure to fill out this application completely as incomplete answers can delay your application. Presently, we may only be able to accept applications from persons living in western PA or eastern Ohio; some exceptions may apply. You must be 18 years or older to apply. We will process your application as soon as possible. Please allow 1-2 weeks for your application process to begin and the entire process can take many weeks, depending on availability of you and our volunteers as well as the current dogs in our program. We appreciate your patience and understanding.

Note: If you have received this application electronically and choose to use a compatibe version of Microsoft Word to fill out the form, please use the “tab” key, the up and down (and left and right) arrows, or point and click with the mouse to navigate between appropriate responses. Using the “enter” key will go to a new line WITHIN the response. It will not move the cursor from field to field.

**Today’s Date:**

**INFORMATION ABOUT YOU**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application is for:** **Adoption** **Foster Home (Fostering homes cannot have children under 10)** | | | | |
| Applicant Name: | | | | |
| Co-Applicant Name: | | | Relationship: | |
| Home Address: | | | | |
| City: | | State: | | Zip Code: |
| Home Phone: | Cell Phone: | | | Work Phone: |
| Co-Applicant Cell Phone: | | | Co-Applicant Work Phone: | |
| Do you have access to a computer Yes No If yes, your e-mail address: | | | | |
| (Note: *We use this address for some correspondence with you so please put wagsrescue@comcast.net in your address book*) | | | | |
| Is anyone home during the day? Yes No  If yes, who?       If no, explain how daytime exercise will occur. | | | | |
| Have you previously applied to us for adoption and/or fostering? Yes No  If yes, when (date)? | | | | |
| Outcome of your application? Approved for Adoption Approved to Foster Denied  Other (Please explain) | | | | |
| How did you hear about us? | | | | |

**INFORMATION ABOUT YOUR PERFECT MATCH**

*(Matching a dog to your family is done based on temperament and personality. Please note that requesting specific physical traits could delay your match depending on the dogs currently in our program.)*

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| --- |
| When will you be ready to adopt/foster? |
| What age will you consider? Puppy to 1 year 1 – 4 years 5 – 7 years Senior (8 years or older) Any Age |
| *(With all adopted Goldens, we encourage obedience training.* |
| Your Gender Preference: Male Female No Preference |
| Will you consider a “special needs” Golden? Yes No Maybe |
| Will you consider a Golden Mix (usually less than 90% Golden)? Yes No Maybe |
| Will you consider a pair of Goldens (usually surrendered together)? Yes No Maybe |
| Have you owned a dog before as an adult? Yes No |
| Has any dog you owned had behavior, temperament, or medical issues? Yes No  If yes, please describe briefly |
| If you have not owned a Golden Retriever before, please briefly describe the research you have done about the breed and let us know why you have chosen to rescue/foster a Golden. |
| Have you ever rescued a dog before? Yes No |
| If yes, type of rescue? Shelter/Rescue Organization Which one?        Vet Self-Rescue (stray, etc.) Other, please explain |
| What activity level are you looking for? *(Use a scale of 1 - 5 with* ***5 being highly energetic that can do power hiking or jogging long distance*** *and* ***1 being very quiet and no hiking****)*  1 2 3 4 5 No Preference |
| What activities are you planning on doing with your Golden? (Check all that apply)  Walking Running/jogging Hiking Agility Therapy/Companion Other |

**INFORMATION ABOUT YOU, YOUR FAMILY AND YOUR CURRENT PETS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please list name, relationship, age and level of involvement of all individuals living in your household excluding yourself and your co-applicant. | | | | | | |
| No others in household | | | | | | |
| Name: | | | Relationship: | | | Age: |
| Name: | | | Relationship: | | | Age: |
| Name: | | | Relationship: | | | Age: |
| Have your children or those that visit been raised with a dog? Yes No | | | | | | |
| Have your children or those that visit been taught to respect dogs/animals? Yes No | | | | | | |
| Please rate your children(s) behavior around pets? Excellent, no supervision needed Good, they need minimal supervision Fair, they need supervision Unknown, they have never been around pets | | | | | | |
| Does anyone in your household have a physical or mental challenge? Yes No  If yes, please describe: | | | | | | |
| Does anyone in your home have allergies to pets? Yes No  If yes, please describe: | | | | | | |
| Do you currently run a child day-care in your home? Yes No If yes, number of children: | | | | | | |
| Do you currently run a dog day-care in your home? Yes No If yes, number of dogs: | | | | | | |
| Please list breed, type, name and age of all pets **CURRENTLY** in your home, and indicate their personalities and activity levels (1 = low thru 5 = high). | | | | | | |
| None, this is our first pet. | | | | | | |
| Type: Breed: | | Name: | | Age: | Personality/temperament: | |
| Activity level (1-5) 1 2 3 4 5 | | | | | | |
| Type: Breed: | Name: | | | Age: | Personality/temperament: | |
| Activity level (1-5) 1 2 3 4 5 | | | | | | |
| Type: Breed: | Name: | | | Age: | Personality/temperament: | |
| Activity level (1-5) 1 2 3 4 5 | | | | | | |
| Are all your current pets (dogs or cats only) spayed or neutered? Yes No | | | | | | |
| Are your current pets up to date on their vaccinations? Yes No | | | | | | |
| Are your current pets up to date on their heartworm testing? Yes No | | | | | | |
| Are your current pets up to date on their vet approved Lymes disease vaccination, flea/tick preventative & heartworm preventative? Yes No | | | | | | |
| If you answered “no” to any of the previous 4 questions, please explain: | | | | | | |
| Do any of your current pets have special needs? Yes No  If yes, please explain | | | | | | |
| Are any of your current or previous pets “rescued?” Yes No  If yes, type of rescue? (check all that apply)  Shelter/Rescue Organization Which one?       Self-Rescue (stray, etc.) Vet  Other, please explain | | | | | | |
| If this Golden (adoption only) will be in addition to other pets in your home, why do you want another pet? | | | | | | |

**INFORMATION ABOUT YOUR HOME**

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| --- |
| Please describe your current residence:  Single Family home Condo Duplex/Apartment Other, please explain |
| Please describe your current neighborhood: |
| Do you own or rent your home? Own Rent\*\* |
| Please provide name and phone number of landlord. Please alert landlord to the call: |
| *(\*\*If you are currently renting your home or residence, your application will not be processed without a letter from your landlord or owner of the property stating that you have their permission to own a Golden Retriever at your rented residence. Please include the letter with this application or the letter can be faxed to 724-*864-2468 *from your landlord or property owner. Without this documentation, you application will**be delayed.)* |
| How long have you lived in your current residence? |
| Approximate yard size: Front       Back |
| **Fencing and Outside Management:** |
| Do you have a completely fenced-in back yard? Yes No Type: Invisible Traditional |
| Do you have a completely fenced-in front yard? Yes No Type: Invisible Traditional |
| Describe your fence including height: |
| If you do not have a fence, how will your Golden be managed when outside? |
| If you currently do not have a fence, are you willing to install a fence? Yes No |
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**INFORMATION ABOUT YOUR PET HISTORY**

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| --- | --- | --- | --- |
| None, this is our first pet/foster. | | | |
| Please list breed, type, name and age of pets you have **PREVIOUSLY** owned, and include years owned and what happened to the pet.: | | | |
| Type: Breed: | Name: | Age: | Spayed/Neutered? Yes No |
| When owned? | Outcome? |  |  |
| Type: Breed: | Name: | Age: | Spayed/Neutered? Yes No |
| When owned? | Outcome? |  |  |
| Were all of your previous pets spayed or neutered? Yes No | | | |
| Were your previous pets up to date on their vaccinations? Yes No | | | |
| Were your previous pets up to date on their heartworm testing? Yes No | | | |
| Were your previous pets up to date on their heartworm preventative? Yes No | | | |
| If you answered no to any of these four questions, please explain: | | | |
| Did any of your previous pets have special needs? Yes No  If yes, please explain | | | |
| Have you ever sold, given away, or put a pet into a shelter? Yes No  If yes, please explain | | | |
| Have you ever bred a dog? Yes No  If yes, please explain (include breed and dates): | | | |

**AFTER YOUR ADOPTION OF A GOLDEN RETRIEVER**

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| Will you keep a collar on your Golden? Yes No If yes, what type of collar?  If no, why not? |
| Where will the dog be kept during the day when you are away from home? |
| Where will the dog sleep at night? |
| Will your dog be allowed on the furniture? Yes No |
| Will your dog be allowed on beds? Yes No |
| Will your dog have the run of the house? Yes No |
| Will you use a crate? Yes No |
| What will you do with your Golden while you are on vacation? |
| How much grooming will you do? None Daily Weekly Monthly |
| Who will do the grooming? Self Professional |
| What grooming will be done? |
| How will you provide the exercise your Golden will require? |
| We encourage training classes for your adopted Golden. Do you agree? Yes No  If no, please explain. |
| Which training facility have you chosen for your Golden? |
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**YOUR VETERINARY INFORMATION**

**Please be aware that veterinary reference checks are done on every application. (Please note: Without complete and accurate veterinary information, your application will not be considered, because a veterinary check is a vital part of our application process. You must contact your veterinarian and authorize them to release your history to a WAGS. If this is not done, it will cause a delay in your application.)**

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| --- | --- | --- |
| This is my first pet and I do not have previous veterinary information. (Please note: you will be required to list a veterinarian prior to adoption of a WAGS dog so you will need to choose a veterinarian as soon as possible.) | | |
| Information regarding yourcurrent veterinarian. | | |
| Name of Practice: | | |
| Name of Veterinarian: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: |  |
| Vet history under another name? Yes No List alternative name: | | |

Please read the following statement before signing your application and sending it to WAGS for processing. Your application will not be processed without a signature and date. Questions on this application pertaining to whether you will allow a dog on a bed or furniture, or whether you have fencing are to ensure we can match you with a dog that will fit into your home. Some dogs except senior Level 1 dogs will need a fenced-in yard and some dogs that have previously been allowed on the furniture might be a constant struggle for you if you do not wish this to continue. Your answers will not, however, jeopardize your application for approval. If after adoption, your dog is found in a condition that will jeopardize his or her welfare, we will contact you to explain how to correct the condition. If the animal is again found in such a state, we will require that the dog be surrendered back to WAGS. All WAGS dogs have recently received current veterinary care including but not limited to rabies update, DHLPP update, heartworm exam, spay/neuter, a general health check-up and other tests as indicated. You will, after adoption, need to purchase additional vet approved heartworm preventative and flea/tick preventative for year-round use. You will receive copies of all invoices for medical and training fees that WAGS has incurred. We request donation be paid by a check made payable to WAGS. It is important to remember that all updated medical expenses have been paid by WAGS and all dogs are placed with adopters on an open-ended contract. If for some reason the dog does not work well with your family, we will make every attempt to find a dog that will be a better fit and refund your donation. By signing this application you also agree to return the dog to WAGS if the orphan does not work for you anytime in the future.

I have read and completed the above to the best of my knowledge and agree to the conditions contained therein of this Adoption Application.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Co-Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Important! Your application will be processed in the order received and could take up to 2 weeks to begin your process. Please remember incomplete applications will delay the process so be sure to double check all of your information before submitting it. Thank you for your interest in WAGS and adopting or fostering a WAGS dog.

**Please return this entire, signed application to:** [**wagsrescue@comcast.net**](mailto:wagsrescue@comcast.net) **or**

**mail to With A Golden Spirit, Inc. (WAGS), 12439 Roth Dr., Irwin, PA 15642**

**or** **fax to: 724-864-2468**