



# Their Lives, Our Voices

## Animal Rescue

"Righting humans wrongs and giving a voice to animals in need"

P.O. Box 1542  
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[adoptions@tlovrescue.org](mailto:adoptions@tlovrescue.org)

### Dog/Puppy Application

☐ Foster ☐ Adopt

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(cell) \_\_\_\_\_

Place of employment: \_\_\_\_\_

(work) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Where did you hear about Their Lives, Our Voices? (Please be as specific as possible) \_\_\_\_\_

Is there a specific dog or puppy you'd like to adopt? (Pet's name/breed/description): \_\_\_\_\_ Gender: ☐ Male ☐ Female

What specific traits are you looking for in a dog? (i.e., quiet, playful, good with other dogs, etc.)? \_\_\_\_\_

For what purpose do you wish to adopt this dog/puppy? (check all that apply)

☐ House pet ☐ Security/Guard Dog ☐ Companion ☐ Gift (for) \_\_\_\_\_ ☐ Companion for other pet  
☐ Other (specify) \_\_\_\_\_

Do you have a fenced yard? ☐ Yes – Type and height? \_\_\_\_\_

☐ No – How do you plan to keep your pet in the yard and other animals out? \_\_\_\_\_

Where will you keep your pet when you are at work? \_\_\_\_\_

Where will you keep your pet at night? \_\_\_\_\_

If crate training, how many hours per day will they be crated? \_\_\_\_\_

What discipline methods will you use for bad behavior (chewing, digging, aggression, nipping/biting, etc.)? \_\_\_\_\_

Do you currently have other pets?

☐ Yes - How many?

Dogs \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Where kept \_\_\_\_\_ Years had \_\_\_\_\_

Spayed/Neutered ☐ No ☐ Yes Heartworm Preventative ☐ No ☐ Yes Vaccines Up-To-Date ☐ No ☐ Yes

Cats \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Where kept \_\_\_\_\_ Years had \_\_\_\_\_ Spayed/Neutered ☐ No ☐ Yes

☐ No - have you ever had any?

Dogs ☐ No ☐ Yes Where kept \_\_\_\_\_ Years had \_\_\_\_\_ Spayed/Neutered ☐ No ☐ Yes

Cats ☐ No ☐ Yes Where kept \_\_\_\_\_ Years had \_\_\_\_\_ Spayed/Neutered ☐ No ☐ Yes

What happened to them? \_\_\_\_\_

Number of adults in your household \_\_\_\_\_ Number of children and ages \_\_\_\_\_

Are you a student? ☐ No ☐ Yes – What will happen to your dog at the end of the school year? \_\_\_\_\_

Where do you live? ☐ Apartment ☐ House ☐ Condo/Townhome/Duplex ☐ Mobile home

Do you ☐ Own ☐ Rent - Name of rental complex and/or landlord \_\_\_\_\_

Is there a pet deposit required? ☐ No ☐ Yes - How much? \_\_\_\_\_ Is it paid? ☐ No ☐ Yes

Do you have a veterinarian? ☐ No ☐ Yes (name of vet /animal hospital) \_\_\_\_\_

*I understand and agree that completing this application does NOT guarantee qualification for adoption. I further understand and agree that Their Lives, Our Voices Rescue, Inc. reserves the right to refuse adoption to anyone. No animal will be adopted to prospective adopters who mislead or fail to provide accurate information on the adoption application.*

Printed Name

Signature

Date