

ADOPTION APPLICATION

Please Print Name(s):		Driver's License	#:								
Address:	City/State/Zip:										
Home Phone:	Cell:	Cell:Work:									
Email:											
Household Information											
Please select one: Own home	Rent If rent, do	es your landlord allow pe	ts? Yes / No								
How many people live in your hous	sehold? Adults:	_ Children (18 and under)	:								
Ages of children:											
This dog will be kept: Totally Insic	le Mostly Inside	Mostly Outside Total	ally Outside								
Do you have an enclosed fenced y	ard attached to your home	? Yes / No									
Your Current Pets											
Please list pets currently owned.	Include ALL pets curren	tly in household or on pr	remises.								
Dog / Cat	Age	M/F	Altered?								
Places list the veterineries (a) with r		ofirm vous pot(o) modical (atatua.								
Please list the veterinarian(s) with p	onone number who can col	mim your per(s) medical s	status								
Do you give us permission to call y	our veterinarian? Yes / No										
Your New Dog											
What dog are you interested in add	opting?										
Have you ever adopted an animal I	before? Yes / No										
Have you ever given up an animal	for any reason? Yes / No										
If yes, please explain:											

Are you getti	ng this do	g for?	Yourself	As a	gift F	or?								
Please tell us	s what beh	aviors y	ou are un	willing	or unabl	e to w	ork thro	ugh (a	after ini	itial a	djustr	nent a	and try	ing period
attempted):	Digging	Chewi	ng Jum	ping	Barking	Elim	inating	in the	house	St	orm/S	Separ	ation A	nxiety
Other:														
Can you kee	p your nev	v dog av	vay from y	your ot	her pets	in the	house f	or at I	east o	ne we	ek w	hen y	ou are	unable to
monitor their														
I understand NETRO upor contract are i shall not con of my knowle	n demand. in evidenc stitute tres	I agree e, I agre	to allow a e to allow	a repres ing age	sentative ent of NE	to ins TRO t	pect my o remov	/ home /e the	e and y dog fr	/ard a om th	and if ne pre	any v mises	iolatior s and ti	ns of the his entry
Signature:								D	ate:	/_	/_		_	
				ı	For NET	RO u	se only							
Approved b	оу:										_Date	e:	/	/
NETRO Re	presentat	ive:												
Notes:														

Return Application to:

Questions / Contact Information:

Northeast Texas Rescue Organization P.O. Box 1772 Mount Pleasant, TX 75456 netrescueorganization@gmail.com