

TIRR Rescue

Date: _____

Texas Independent

Rhodesian Ridgeback Rescue

Roy and Cindy Hughes

tirr@hughes.net

817-454-6023

Please complete the form and mail to:

Name: TIRR Rescue

Address: 237 Spring Valley Rd.

City, State, Zip: Paradise, TX 76073

ADOPTION / FOSTER APPLICATION

All potential adopters and foster homes are screened for suitable placement of animals.

TIRRR reserves the right to refuse placement of an animal for any reason.

REQUIREMENTS / QUALIFICATIONS:

- You must be at least 21 years of age and have identification showing your current address.
- You must have the consent of ALL adults living in the household.
- You must have the consent of your landlord and proof of pet deposit, if you rent your residence.
- Your pets must have current vaccinations and be free of contagious illnesses and be spayed / neutered.
- You must be able and willing to spend the time necessary to provide / administer proper training, medical treatment and care for the pet.
- You must agree that any damage done to your home by the pet is NOT the responsibility of TIRR Rescue.

ABOUT YOU:

Names of all Adults in Household: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph. _____ Work Ph. _____ Best time to call? AM / PM

(Please Circle One)

Employer: _____

Email: _____ Fax: _____ Best place to call? Work / Home

(Please Circle One)

Are you a student? F/T - P/T
(Please Circle One)

Do you travel frequently? Yes / No
(Please Circle One)

How long have you lived at your current address? _____ Yrs. _____ Mos.

Do you plan to move within the next 12 months? Yes / No
(Please Circle One) If yes, where/when? _____

Does anyone in your household have any allergies to: Dogs? Y / N Cats? Y / N
Other Pets? Y / N

Number of persons in your household? Men: _____ Women: _____

Children: # Girls _____ Ages: _____

Boys _____ Ages: _____

How did you learn about us? : _____

ABOUT YOUR HOME:

What type of dwelling do you have?

_____ Apartment / Condominium
_____ Townhouse

_____ Detached Home
_____ Farm

_____ Duplex / Triplex
_____ Other _____

Do you currently: Own / Rent
If you rent your home, do you have your landlord's permission to keep a dog? Yes / No
(If yes, please provide an approval letter from your landlord.) (Please Circle One)

Do you have a yard? Yes / No
(Please Circle One)

If yes, is the yard fenced? Yes / No If yes, list height and type: _____
(Please Circle One)

If your yard is not fenced, how do you plan to ensure the dog receives safe and adequate exercise? _____

Do you have a dog kennel run? Yes / No If yes, how large is it? _____
(Please Circle One)

Where will the dog sleep? _____

Will the dog be kept: Totally Inside / Mostly Inside / Mostly Outside / Totally Outside
(Please circle one.)

Do you plan to use a dog crate? Yes / No
(Please Circle One)

Please explain why or why not: _____

Please indicate time away from home each day:

Home All Day / Out Part Time / Away 7 - 10 hrs daily / Other: _____
(Please Circle One)

Where will the dog stay while you are away from home? _____

Will you take this pet to obedience class? _____

Are there currently animals in your home? YES / NO If yes, please list them below:
(Please Circle One)

Type (Dog, Cat, Bird) & Name	Breed, if known	Age	Gender (M / F)	Neutered / Spayed? (Y / N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PET OWNERSHIP INFORMATION:

How many dogs have you owned in the past five years? If you no longer own the dog(s), please explain why.
(Be specific.) _____

Please explain what makes you a good pet owner? (Include how you would handle any behavioral problems, e.g.,
chewing, biting, barking, etc.) _____

REFERENCES:

Please provide the names and contact information for at least three references who can speak to your fitness as a pet owner in general, and more specifically, as the owner of a medium-to-large-sized dog. If you currently own or have in the last five years owned a pet, please include your veterinarian as one of the references. PLEASE DO NOT LIST MORE THAN ONE FAMILY MEMBER OR OTHER RELATION AS A REFERENCE.

Reference 1

Veterinary Reference

Clinic/Hospital Name: _____
Doctor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Reference 2

Relationship to you: _____
Name _____
Address: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Ph. _____ Email: _____ Best time to call? AM / PM

Reference 3

Relationship to you: _____
Name _____
Address: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Ph. _____ Email: _____ Best time to call? AM / PM

OTHER COMMENTS:

X _____
APPLICANT SIGNATURE DATE

X _____
CO-APPLICANT SIGNATURE DATE

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