

# TIRR RESCUE

Please complete the form and mail to:

Roy and Cindy Hughes  
[tirr@hughes.net](mailto:tirr@hughes.net)

817-454-6023

Name: TIRR Rescue  
Address: 237 Spring Valley Rd.  
City, State, Zip: Paradise, TX 76073  
Phone: 817-454-6023  
Email: [tirr@hughes.net](mailto:tirr@hughes.net)

## ADOPTION / FOSTER APPLICATION

*All potential adopters and foster homes are screened for suitable placement of animals.  
TIRR RESCUE 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:

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

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     
  Detached Home     
  Duplex / Triplex  
 Townhouse     
  Farm     
  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, Etc.)	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.

*(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.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will a rescue dog fit in with your hobbies, activities and lifestyle? [e.g., will your dog be left alone for extended periods of time (I.e. more than six to eight hours a day); how will your dog be cared for while you are on vacation?, etc.] \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to rescue a dog rather than acquire a puppy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you can tell us about your family and its suitability to adopt a rescued pet?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESCUE DOG PREFERENCES:**

Please indicate any preferences you have for adopting a rescued dog: \_\_\_\_\_

If there is a specific dog you are interested in adopting, what is its name / breed? \_\_\_\_\_

Gender Preference: Male / Female / Either  
(Please circle one)

Age Preference: Puppy / Adult / Senior  
(Please circle one)

Would you consider adopting a dog with Health Problems? Yes / No

If yes, to what extent would you be willing to help a sick dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other specific traits you prefer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please provide the names and contact information for at least three references who can speak to your fitness as a pet owner. 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**

Veterinarian  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Email: \_\_\_\_\_ Best time to call? AM / PM

**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

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**OTHER COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
APPLICANT SIGNATURE DATE

X \_\_\_\_\_  
CO-APPLICANT SIGNATURE DATE