

TIRR RESCUE

Application for mixes

Roy and Cindy Hughes

tirrrescue@gmail.com

817-454-6023

Please complete the form and mail to:

Name: TIRR Rescue
Address: 237 Spring Valley Rd.
City, State, Zip: Paradise, TX 76073
Phone: 817-454-6023
Email: tirrrescue@gmail.com

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 - N/A Do you travel frequently? Yes / No
(Please Circle One) (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 If yes, where/when? _____
(Please Circle One)

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.) & Name	Breed, if known	Age	Gender (M / F)	Neutered / Spayed? (Y / N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

OTHER COMMENTS:

X _____
APPLICANT SIGNATURE DATE

X _____
CO-APPLICANT SIGNATURE DATE