TIRR RESCUE

Application for mixes

Roy and Cindy Hughes tirrrescue@gmail.com

817-454-6023

Please complete t	the form	and mail	to:
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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.

Address							
Address							
City:		State:			Z	ip:	
		Work Ph				Best time to call?	
Employer:							(Please Circle One
Email:	Fa	ıx:				Best place to call	Work / Hom (Please Circle One
Are you a student	F/T - P/T - N/A (Please Circle One)		Do уо	u travel fi	equently	Yes / No (Please Circle One)	
How long have you liv	ed at your current address?		Yrs.		Mos.		
Do you plan to move v	vithin the next 12 months?	(F	Yes / No Please Circle One		If yes, whe	ere/when?	
Does anyone in your h	nousehold have any allergies to	o:	Dogs?	Υ /	N	Cats? Y / N	
			Other Pe	ts?	Y / N	I	
Number of persons in	your household?		Men:		Wom	en:	
	Children: # Girls		Ages:				
	# Boys						

ABOUT YOUR HOME:

What type of dwelling do you have?			
Apartment / CondominiumDetached Home			Duplex / Triplex
Farm			Other
Do you currently: Own / Rent If you rent your home, do you have your le (If yes, please provide an ap	andlord's permission to keep a oproval letter from your landlord.)	•	Yes / No Please Circle One)
Do you have a yard? Yes (Please Circ	/ No cle One)		
If yes, is the yard fenced? Yes (Please Circ	/ No If yes, list hei	ght and type:	
If your yard is not fenced, how do you plan	n to ensure the dog receives sa	afe and adequate exerc	ise?
Do you have a dog kennel run?	Yes / No If ye	es, how large is it?	
Where will the dog sleep?			
Will the dog be kept: Totally Inside	e / Mostly Inside / (Please circle	Mostly Outside / e one.)	Totally Outside
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 Home All Day / Out Part Time (Please Control of the Con	h day: / Away 7 - 10 hrs daily Circle One)	/ Other:	
Where will the dog stay while you are awa	y from home?		
Will you take this pet to obedience class?			
Are there currently animals in your home	YES / NO (Please Circle One)	If yes, please list the	nem below:
Type (Dog, Cat, Bird, Etc.) & Name	Breed, if known A	ge 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 w chewing, biting, barking, etc.)					
How will a rescue dog fit in with your hobbies, activities, and lifestyle? [a extended periods of time (i.e., more than six to eight hours a day); how vacation, etc.	will your dog be ca				
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 rescue				
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	e / 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:				
Home Ph.	Email:		Best time to call?	AM	/ PM
Reference 2					
Relationship to you:					
Name					
Address					
City:		Zip:			
Home Ph.	Email:		Best time to call?	AM	/ PM
Reference 3					
Relationship to you:					
Mama					
Address					
Address					
City:	State:	Zip:			
Home Ph.			Best time to call?	AM	/ PM
THER COMMENTS:					
TIER COMMENTO.					
V	V				
X	X				