



# Corgi & Critters N.E.T. Rescue, Inc.



## APPLICATION FOR ADOPTION

Complete the form below. Email to [submit@corgiscritters.org](mailto:submit@corgiscritters.org) or mail to Corgi & Critters N.E.T. Rescue, Inc. | 181 Velma Drive | Kilgore, TX 75662.

Name of Applicant: \_\_\_\_\_ Name of Dog Applied for: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(if different from applicant)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email of Co-Applicant: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Corgi & Critters N.E.T. Rescue, Inc. cooperates with other rescue groups in ensuring a good match for dogs and people.**

Do you have an active application on file with any other rescue group?  Yes  No

If Yes, please provide the name of the group and their contact information:

\_\_\_\_\_

Have you applied for a dog with any other rescue group in the past 5 years?  Yes  No

If Yes, what was the outcome of that application (denied, approved, adopted, etc.)?

\_\_\_\_\_

Also if Yes, please provide the name of the group and their contact information:

\_\_\_\_\_

*Please continue to the next page...*

***A successful adoption depends on both the selection of the right dog for your household and the understanding of the care and training needs. In order to assist you with this selection, please answer the following questions as candidly as possible.***

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## **1. YOUR HOME**

Do you...?  Own  Rent

Dwelling Type:  House  Condo  Apartment  Mobile Home

Location:  Residential  Rural

Lot/Land Size: \_\_\_\_\_

Do you have a fenced yard?  Yes  No

If Yes, please describe type, height, width and length:

\_\_\_\_\_

If No, what arrangements will you have for the dog's exercise and toilet area?

\_\_\_\_\_

Do you have a swimming pool?  Yes  No

If Yes, is it secure so the dog cannot fall in?  Yes  No

Where will this dog be kept...

During the day?: \_\_\_\_\_  
*(inside only, outside only, crated, loose in the house, etc.)*

At night?: \_\_\_\_\_

While you are away from home?: \_\_\_\_\_

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## **2. YOUR LIFESTYLE**

Number of Adults in your household: \_\_\_\_\_

Number of Children in your household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Do all members agree with this adoption?  Yes  No

If No, please explain: \_\_\_\_\_

*NOTE: We do not discriminate against renters or apartment dwellers, however you **MUST** provide written permission by the Landlord for you to adopt this dog.*

Is anyone in the home allergic to dogs?  Yes  No

If Yes, how will the allergy be controlled? \_\_\_\_\_

How many hours of the day is there an adult at home? \_\_\_\_\_

Describe a typical weekday in your home: \_\_\_\_\_

\_\_\_\_\_

Describe a typical weekend in your home: \_\_\_\_\_

\_\_\_\_\_

How often do you travel that would necessitate the dog to be boarded or left with a pet sitter?

\_\_\_\_\_

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### 3. YOUR PAST PETS

***For each pet you have owned in the past 10 years (but do not currently own), please provide:***

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Why do you no longer have this pet? \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Why do you no longer have this pet? \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Why do you no longer have this pet? \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Why do you no longer have this pet? \_\_\_\_\_

***(You may continue on a separate sheet if necessary)***

## 4. YOUR CURRENT PETS

***For each pet you currently own, please provide:***

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Is this pet...?  Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Current/past illnesses or injuries: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Is this pet...?  Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Current/past illnesses or injuries: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Is this pet...?  Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Current/past illnesses or injuries: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Year Acquired/Duration of Ownership: \_\_\_\_\_

Is this pet...?  Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Current/past illnesses or injuries: \_\_\_\_\_

Are all current pets...

Spayed/neutered?  Yes  No

If No, please explain: \_\_\_\_\_

Up-to-date on vaccinations?  Yes  No

If No, please explain: \_\_\_\_\_

On flea/tick/heartworm preventative?  Yes  No

If No, please explain: \_\_\_\_\_

Are any of your current pets obese, overweight or underweight? \_\_\_\_\_

How do your pets get their needed exercise? \_\_\_\_\_

## 5. VETERINARIAN REFERENCES

***Please provide information for all veterinarians your pets have seen in the past 10 years. Also let your veterinarian know that we will be calling and approve release of information of ALL current and past pets.***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pets treated by this vet: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pets treated by this vet: \_\_\_\_\_

Do you buy pet medications or flea preventatives online?  Yes  No

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## 6. ARE YOU READY?

Have you done any type of research on this dog's breed(s) characteristic?  Yes  No

Have you ever owned this dog breed(s) before?  Yes  No

Are you willing to housetrain this dog if necessary?  Yes  No

Are you willing to have a home visit prior to the adoption?  Yes  No

If No, please explain: \_\_\_\_\_

Why do you want this particular dog? \_\_\_\_\_

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## 7. ADDITIONAL QUESTIONS/COMMENTS

Do you have any questions before we proceed?

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*Please continue to the next page...*

Is there anything else you feel we should know that would help us process your application?

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By signing below, you affirm that all of the information provided on this application is true and complete to the best of your knowledge and belief. You understand that falsifying answers on this application, or at any other time during the adoption process, will disqualify you from adopting a rescue pet from Corgi & Critters N.E.T. Rescue, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**FOR RESCUE USE ONLY**

Date of Interview: \_\_\_\_\_ Approved by: \_\_\_\_\_

Comments: