



Shiba Inu Rescue of Florida Application to Adopt

This application was designed to help SIRF get to know you and to determine if our foster dog is a match for your family. If some of the questions seem personal, that's because the more that we know about you the more confident we will feel considering you to adopt one of our foster dogs or referring you to a dog available elsewhere. Please feel free to ask questions of your own.

PERSONAL INFORMATION

Contact Information:

Name: _____

Date of Birth: _____

Street Address: _____

City, State ZIP _____

Phone (H): (H) _____ (W) _____ (C) _____

Email: _____

Residency Information:

How long have you lived there? _____

Do you own the property or are you renting? _____

If renting, does your landlord allow dogs? _____

If yes, can you get it in writing upon request? _____

Do you have plans to move? _____

If yes, when and where? _____

Do you have a fenced yard? (Yes / No) _____

If yes, fence material and height? _____

If no, are you planning to fence? _____

Do you have a crate? _____

If no, are you willing to buy a crate? _____

Are you willing to crate train if needed? _____

Will you allow a home visit by rescue personnel upon request? _____

Family and Friends

Do you have other adults living with you? If so, please list them.

Who will be the primary caretaker of the dog?

Do you have children who live with you or visit your home on a regular basis? If so, please list their first name and ages.

Are the children experienced around dogs?

Is anyone in the home allergic to dogs?

Is anyone in the home afraid of dogs?

Does everyone in your family want a dog?

Professional Information

What is your occupation?

How far from home do you work?

How many hours per week do you work?

Other adult in household's occupation?

How far from home do they work?

How many hours per week do they work?

Budget and Finances

Do you feel you are financially and physically able to care for a dog for its lifetime?

Are you willing and able to consider a "special needs" dog?

Other Pets

Have you ever owned a dog(s) before?

If so, How many?

What were their breed(s)?

What happened to them if don't still have them?

If they have passed away, please explain how.

Do you currently have any other pets?

If yes, what kind(s)? *(please list breed, gender, age and describe each temperament)*

Are current pets up to date on all vaccinations and preventative care??

Are they spayed/neutered?

Do you anticipate any potential problems with your current pets and your new dog?

If so, how do you plan to overcome the problems?

About Your New Dog:

Why do you want to adopt a dog?

Who is this dog for?

Why do you want a Shiba Inu in particular?

What do you know about the Shiba Inu breed?

Where did you learn about the breed?

Have you discussed with your family the pros and cons of owning a Shiba?

What other breeds have you been considering?

What age range are you looking for?

Why?

Do you have a preference for male or female?

If yes, why?

Do you have a color preference?

Are you willing to consider a Shiba MIX or only a purebred dog?

How far are you willing to travel to meet/pick up your new dog?

Are you willing to adopt a dog sight unseen?

If so, can you pay travel expenses for the dog to get to you?

Your new dog's environment, socialization and training:

Will the dog be in contact with any other pets outside your home? (Please explain) _____

What do you expect your daily routine to be with your new dog? (Please describe) _____

How much time will be spent with your dog daily on **weekdays**? _____

How much time will be spent with your dog daily on **weekends**? _____

How many hours will your dog be left alone daily? _____

Where will your dog be when you work? _____

Where will your dog sleep? _____

Will your dog be crated or restrained? _____

If restrained, will your dog be tied or staked out outdoors? _____

Is your lifestyle such that friends, relatives and children gain admittance to your home, property, and/or car without your supervision? _____

How often will your dog be walked? _____

Where, how and by whom? _____

How often will your dog be played with? _____

By whom? _____

Who will care for your dog if you are away overnight or on vacation? _____

What are your training objectives? What kind of work or behaviors do you expect of this dog? _____

What amount of time and effort do you expect to devote to training him/her? _____

Which family members will be expected to assist with home training? _____

Will you take your dog to obedience training classes? _____

Have you chosen a trainer or school? If so, who?: _____

What is your definition of disciplining a dog?

Describe two pet behavior problems that you have worked through and how you solved the problems:

Are there any unusual circumstances to which your dog will need to adapt?

Do you have any other comments regarding your daily routine?

Who is the Veterinarian who will be caring for your dog?

Clinic Name: _____

Vet's Name: _____

Address: _____

Phone: _____

References (MANDATORY)

Please list two personal references. If possible, please list individuals who are active in the dog community and are knowledgeable about your care of dogs, such as a trainer, veterinarian, breeder, active rescue volunteer, etc. **DO NOT LIST FAMILY MEMBERS.**

Name / Credentials / Phone #: _____

Name / Credentials / Phone #: _____

Please feel free to add any other information you think would be useful for us to know or make any comments that you would like to add.

STATEMENT OF UNDERSTANDING

The information I have provided in this document is correct and true to the best of my knowledge and I have not withheld any pertinent information. I understand that any misrepresentation or untruths in the information I have provided herein that are discovered at a later date will invalidate any adoption agreement and will give Shiba Inu Rescue of Florida (or their representative) the right to reclaim the dog without my permission and without refund of any adoption donation. Submittal of this form provides my agreement to this adoption application.

Signed: _____

Date _____

Name (printed): _____