

Bubba's Station Rescue
PO BOX 273
Colmar, PA 18915

ADOPTION APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, IF THEY ARE NOT APPLICABLE, PUT N/A IN THE BLANK

This application is the first step of the adoption process. Please provide complete and accurate information. The time necessary to verify information and process this application will vary.

Filling out an application does not guarantee approval to adopt.

You must be at least 21 years old to adopt an animal from Bubba's Station Rescue. You will need to provide current identification showing your current address.

Date: _____

Name of animal you wish to adopt: _____

Applicant first and last name: _____

Age: _____ DOB: _____

Street: _____ City: _____

State: _____ Zip: _____ County: _____

Length at this address: _____

Cell phone: _____ Home phone: _____

Email address: _____

Employer: _____ Occupation: _____

Length at current employer: _____

Work schedule (be specific): _____

Emergency contact Name: _____ Phone: _____

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Residence

Do you own, rent or live with family? _____

Property Management/Landlord Name & Phone: _____

Any breed, size, weight restrictions? _____

HOA/Community Association Management company? Yes: No:

If yes: Name: _____ Phone: _____

What type of home do you live in?	Single Story:	Condo:
	Multi-Story:	Apartment (private):
	Twin:	Townhouse:
	Complex:	Other: _____

Do you have a fenced yard? Yes: No:

If yes, what type of fence: _____

Do you have a swimming pool: Yes: No:

Do you plan on moving in the next 12 months: Yes: No:

Name(s) and age(s) of all other adults living in the household: _____

Name(s) and age(s) of all children living in the household (Please include children living part-time or weekends):

Is anyone living in the home allergic to animals? Yes: No:

Do all members of the household agree on adoption a pet? Yes: No:

It's a surprise: Undecided:

Who will be the primary caregiver of the dog? _____

Will you use a crate for your dog? Yes: No:

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Will you take the dog outdoors? Yes: No:

If yes, check all that apply: Supervised: Unattended Sometimes: Unattended Most of the Time:

On a tether or chain: On a leash: In an enclosure:

In a fenced yard: Garage: Other: _____

Which best describes the activity level of your household:

Very active, frequent visitors: Moderately active: Quiet, low key:

What is your preferred level of energy/exercise of a dog?

Couch potato: Short walks: Long or vigorous walks: Hiking/jogging/running:

Ready for puppy chao/puppy energy: Lap dog:

On average, how many hours per day will the dog be left alone? _____

On average, how many days per week? _____

Where will the dog spend their time when you're not at home?

Free to roam: In a crate: Inside a closed room: Garage: Basement:

Outside: Gated in an area: (please explain) _____

Other: (please explain): _____

What areas of the house will the dog not be allowed into? _____

Will the dog be allowed on the furniture: Yes: No:

Where will the dog be kept at night? Free to roam: Crated: Inside a closed room:

In my bed: Where the dog wants: Garage: Basement: Outside:

Other: (please explain): _____

What might make you give up your pet? Divorce: Illness in family: Moving:

New job: Housebreaking problems: Chewing: Barking:

Shedding: Dog became ill: Pets didn't get along: Dog showed aggression:

Other: (please explain): _____

How long are you willing to allow the new pet to adjust to his/her new home? _____

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Rescue dogs may have behavioral issues or a health condition due to their past history. Are you willing to work with the dog extensively to help them overcome any problems during their adjustment time in your home?

Yes: No:

If the animal gets lost, what will you do? _____

Are you willing to enroll in obedience class if needed? Yes: No:

CURRENT AND PAST PET INFORMATION

****Please contact your veterinarian office to give permission to release records****

Name & phone of vet: _____

Do you currently have any other pets in your household? Yes: No: Yes, but they are not mine:

Current Pets:

#1 Type of animal/name: _____

Breed: _____ Age: _____ Amount of time living with you: _____

Neutered/Spayed: Yes: No: Up to date on vaccines: Yes: No:

#2 Type of animal/name: _____

Breed: _____ Age: _____ Amount of time living with you: _____

Neutered/Spayed: Yes: No: Up to date on vaccines: Yes: No:

#3 Type of animal/name: _____

Breed: _____ Age: _____ Amount of time living with you: _____

Neutered/Spayed: Yes: No: Up to date on vaccines: Yes: No:

****Please attache information for additional pets living with you****

Please list any pets you've had within the past 5 years, include name, type, length of stay, and why they are no longer living with you: _____

Are you financially able to provide annual check-ups and vaccines? Yes: No:

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PERSONAL REFERENCES

Please provide two personal references not related to you:

#1

Name: _____

Phone: _____

Relationship to you: _____

#2

Name: _____

Phone: _____

Relationship to you: _____

Have you applied to adopt another rescue or shelter? Yes: No:

If approved elsewhere, please list name: _____

Have you ever given up on an animal: Yes: No:

If yes, please explain why and where the animal went: _____

If your dog/pet were to survive you what would happen to them? Who would assume responsibility of them? Is this person aware of this and in agreement with the care for said pet? Yes: No:

Please provide any additional information about yourself, past experiences with dogs, and why you feel you could provide a good home for a rescue: _____

How did you hear about Bubba's Station Rescue: _____

If your application is approved, is there anything that would prevent you from adding the dog to your home in a timely manner? (Example: moving, vacation, travel, etc.): _____

Our policy is to not "hold" dogs once an application is approved and our animals are determined to be ready to adopt

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By typing or signing my name and by submitting this form, I agree that all information provided is true and correct to the best of my knowledge. I understand that any misrepresentation may result in Bubba's Station Rescue refusing adoption privileges to me. I authorize a representative of Bubba's Station Rescue to contact any veterinarian listed in my references as well as my current landlord, if applicable.

First Name: _____

Last Name: _____

Signature: _____

Please fill in entire form. After digitally signing please send to:

bubbasstationrescue@gmail.com