

Pet Rescue Network

P.O. Box 1434 High Ridge, MO 63049 (314) 995-9260

Dog you are interested in: _____

PERSONAL INFORMATION

Your name: _____

Spouse/Partner name: _____

Your Address: Street _____ City _____ State _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

HOUSEHOLD INFORMATION

Children or others living in the Home (List children's age)

_____	_____
_____	_____
_____	_____

Who will be the primary caretaker of the dog: _____

Do you have other pets? _____ If yes, please list pet's name, species, breed, age, if spayed/neutered, temperament

_____	_____
_____	_____
_____	_____

All pets up to date on vaccinations? _____ All pets on heartworm prevention? _____

Veterinarian Name: _____ Phone: _____

Please tell us about the pets you have owned in the past 10 years. Include Species, Breed, Age, and if applicable why you no longer have this/these pet(s)

RESIDENCE INFORMATION

Type of Residence: _____ Area (City,Suburban,Rural,Farm,Other _____

Rent or Own? _____ If Rent does your landlord/complex allow dogs? _____ Any restrictions? _____

Landlord's Name: _____ Phone # _____

Does your home have a yard? _____ Fence? _____ Fence Type and Height _____

Yard description (Decks, ponds, swimming pools, etc. _____

PET INFORMATION

Where will your dog spend most of his time? _____

How many hours will your dog be left alone? _____ Where will your dog spend his time when left alone? _____

How do you feel about crating your dog? _____

Where will your dog sleep at night? _____

How do you plan to exercise your dog? _____

What activities do you plan to do with your dog? _____

What type of food will you feed your dog? _____ Brand? _____

List any circumstances that would cause you to not keep your dog: _____

Please provide any additional information that you would like to share: