

# Tibbie Rescue

This application form is intended to be a guide to help you think of all the ways a new pet will impact your life.

This is by no means meant to be a test that will be used to disqualify you from consideration for one of our pets.

Please give some thought to each questions below rather than automatically answering yes.

Dog you are applying for: \_\_\_\_\_

Your name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax: \_\_\_\_\_

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

Your Profession: \_\_\_\_\_

Your Spouse's Profession \_\_\_\_\_

Number of dog(s) previously owned: \_\_\_\_\_

Age of dog(s) when acquired: \_\_\_\_\_

Breed(s): \_\_\_\_\_

What happened to this/ these dogs:

\_\_\_\_\_

Number of Dog(s) Presently Owned: \_\_\_\_\_

Age of dog(s) when acquired: \_\_\_\_\_

Breeds: \_\_\_\_\_

Current Age of Dogs Presently Owned: \_\_\_\_\_

Its/Their Temperament:

\_\_\_\_\_

Gender: \_\_\_\_\_

Spayed/Neutered?: \_\_\_\_\_

Do you live in an apartment, house or other?:

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Do you own or rent?:

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Describe your home:

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Do you have a securely fenced yard? (completely fenced without holes)  
How large?: \_\_\_\_\_

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If you do not have a fenced yard, how do you plan to have the dog relieve  
itself?/exercise?

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What percentage of time will your dog be in the following?:

House: \_\_\_\_\_ Yard: \_\_\_\_\_

Other: \_\_\_\_\_

How many hours a day are you away from home?:

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Where will your dog be during this time?:

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If you will be away for work or vacation, how will the dog be cared for?:

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On what occasions do you plan to use a crate, and if so, for how long?

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Where will the dog sleep?:

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What type of training do you intend for this dog?:

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I am willing to accept a dog that is not housebroken.

Yes \_\_\_\_\_, No \_\_\_\_\_

How do you plan to housebreak this dog?:

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Please list family members & their ages: \_\_\_\_\_

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Dogs & small children should be supervised at all times.  
I can provide supervision. Yes: \_\_\_ No: \_\_\_

There will be other children, ages \_\_\_\_\_  
that will visit in our home \_\_\_\_\_ often  
\_\_\_\_\_ most of the time, or \_\_\_\_\_ at sometime.

Comments: \_\_\_\_\_

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Do you know if these children ever been around a dog before? \_\_\_ Yes \_\_\_ No.

If there were any problem(s) please describe.

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Do you have any experience with rescuing a homeless animal? If so, please describe:

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Briefly explain why you have chosen this time to bring a new dog into the family & how all family members feel about it.:

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Describe your personality:

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Hobbies, dog-related or not:

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Preference: Male \_\_\_ Female \_\_\_

Why?: \_\_\_\_\_

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Age preferred: (we rarely get puppies and seldom dogs under 1 year of age) Circle Choices:

Puppy (0-1yr), Teenager (2-3 yrs). Young Adult (4-5 yrs). Adult (6-10 yrs), Senior (11+ years)

Comments \_\_\_\_\_

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I understand that it is not always possible to determine the exact age of a rescue dog. I am willing to accept a dog that is presumed to be in the age bracket I have specified.

Yes \_\_\_ No \_\_\_

I understand there could be additional costs for transportation. (for crate, small soft sided bag required by the airline for dogs in the cabin, medical certificates for airline travel, airline fares and/or other fees required by airlines, or other forms of transportation).

Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

I understand that a donation to the Tibby Rescue Fund will be required. The donation will be used for rescue expenses involving, but not limited to, medical, food, grooming, or boarding of dogs rescued by the this group.

Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

I understand that I will be put on a list of people who are wishing to obtain a dog. The family that is the best match between the dog and the new home and lifestyle will be given the opportunity to obtain that dog. Yes \_\_\_ No \_\_\_

I understand that when a dog is ready to be adopted, I will be required to sign an adoption contract.

Yes \_\_\_ No \_\_\_

Medical: I will accept a dog that has treatable medical problems. (Eye drops, ear drops, allergy medicine, diabetes medicine, heart medicine, epilepsy medicine, heartworm treatment, or other medicines or treatments)

Yes \_\_\_ No \_\_\_ Maybe \_\_\_\_\_,

under the following conditions

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reference(s):

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

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

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Veterinary Services:

Clinic's Name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please complete the questionnaire and return it to me.

Email: [detchison@sbcglobal.net](mailto:detchison@sbcglobal.net)

Or Postal mail:

Donna Etchison  
13505 E. 93<sup>rd</sup> Street N  
Owasso, OK 74055  
[detchison@sbcglobal.net](mailto:detchison@sbcglobal.net)

If you have further inquiries, please call Donna at 918-272-2717

Thank you for filling out this questionnaire. It will help us to place the proper dog with the appropriate owner. If you need more space, please attach additional sheets or write on the back of this form. If there are any facts that you feel we should know about concerning your desire to adopt one of our pets, please be sure and include them on an additional page.