

**BROOKLINE LABRADOR RETRIEVER RESCUE, INC.
APPLICATION FOR ADOPTION**

*Before submitting an application, please refer to our
web site (www.brooklinelabrescue.org) to **review Brookline's coverage areas.**
For questions, please email info@brooklinelabrescue.org.*

Are you willing/able to participate in a **virtual** home visit via Facetime, Zoom, or another video-conferencing app on your computer or smartphone? YES NO

Are you willing/able to have an **in-person** home visit done? YES NO

GENERAL INFORMATION

Date:

Name: Age:

Spouse: Age:

Street Address:

City: State: Zip Code:

County:

Home Phone:

Cell Phone:

Email address*:

Brookline Coverage Area**:

Do we have your permission to add you to our announcement e-mail list? YES NO

** **Email is the preferred method for contacting applicants and references.** Please be sure to check your email regularly after submitting your application. Please provide email addresses for references, if possible, and ask references to check for email from a Brookline volunteer.*

*** Our coverage areas are limited to areas where we have volunteers. **We cannot handle adoptions outside our coverage area.** Out of area applications will not be returned. Our coverage areas can be found on our website under 'Adopt'. You may also email us at info@brooklinelabrescue.org to find out if a volunteer covers your area. If you aren't in our area you may be able to find a group near you by going to www.petfinder.org and searching by your zip code.*

FAMILY INFORMATION

- Are you a veteran or active duty service member?

- Please list the name(s) and age(s) of adults currently living in your home other than those listed above.

- Please list the name(s) and age(s) of children currently living in your home.

- Please list the age(s) of children who visit your home regularly and how often they visit.

➤ Have all of the children listed above been around dogs before and if so, how are they with dogs?

➤ Have you applied to adopt and/or adopted from Brookline in the past? If so, when?

HOME INFORMATION

➤ Do you own your home? YES NO

If not, please provide the volunteer who does your home visit with a copy of your lease or a signed letter from your landlord (with contact information) showing that your lease allows pets.

➤ Do you have a fenced yard? YES NO

a. If yes, what type of fence? Chain Link Wood Vinyl Invisible Other: _____

b. How high is the fence?

Note: BLRR does not require adopters to have a fenced yard. We simply require that you have a plan to provide adequate exercise for your dog.

DOG/PET INFORMATION

➤ Please list all pets (dogs, cats, birds, etc.) you currently own.

Pet's Name	Species/Breed	Age	How Long Have You Had Pet?

➤ Are your pets used to being around other animals? YES NO

➤ If you currently own a dog (or dogs)

○ Are they spayed/neutered? YES NO
If no, why not?

○ Are they up-to-date on rabies vaccine and other vaccines as recommended by your vet? YES NO
If no, why not?

○ Are they tested for heartworm on a yearly basis? YES NO
If no, why not?

○ Are they given a monthly heartworm preventative? YES NO
If no, why not?

➤ Please list all of the dogs you have owned as an adult, but no longer have and indicate why the dog is no longer with you. (Do not include current dogs or dogs you had while growing up.)

Dog's Name	Breed	How long did you have dog?	Rehomed?	Deceased /Old Age?	Deceased/ Other?

ADOPTION INFORMATION

- What characteristics are you looking for in your new dog?

- How many hours per day would the dog be alone? Please provide details, if needed.

- If the dog will be left alone for more than 9 hours per day, will you have someone come and walk the dog/let outside? Please provide details,

- Are there any dogs on our website that interest you?

- Would you consider adopting a heartworm positive dog and seeing the dog through treatment at the rescue's expense?
 YES NO MAYBE – would like more information

Heartworm disease is an infection in the dog's lungs and heart from heartworms. Treatment consists of a series of injections in conjunction with very restricted activity during the treatment period (usually 60 days). After treatment, dogs can resume normal activity and have no lasting effects from the heartworms.

- Brookline's dogs are located throughout the tri-state area. You may have to travel 1-2 hours to pick up your dog. Are you willing to travel that distance, if required? YES NO

- Training is a requirement for most Brookline dogs. This can be done via group classes or in-home training, whichever is more appropriate for the dog. Are you willing to attend training sessions with your new dog? YES NO

- Brookline operates by matching dogs with families using the information obtained in our home visits with adopters and evaluations of dogs. You may not be matched with the first dog that interests you. Are you willing to wait for the dog who is the best match for your family? YES NO

- How did you learn about Brookline Lab Rescue?
 - Adoption event (please specify when/where) _____
 - Animal Shelter (please specify shelter) _____
 - 22 Mohawks
 - Friend or Relative
 - Brookline Lab Rescue Web Site
 - Petfinder.com Internet Search
 - Brookline Adopter
 - Other (please specify) _____

- Please list any additional information you would like to share and/or any questions you have.

REFERENCE INFORMATION

Please provide one vet reference and two personal references or, if you do not have a vet reference, three personal references. **Only one reference may be a family member.** If possible, please provide email addresses for personal references.

Veterinarian Information (Required if you have a pet or have had a pet within the last 5 years):

Name	
Address	
City, State, Zip	
Phone Number	

Please call your vet and give consent to release medical information to a Brookline Lab Rescue Representative. Your Veterinarian must indicate that your pets were/are kept up-to-date on vaccinations, are seen at least once a year by a vet, and receive medical treatment as needed. If resident dogs are not on heartworm prevention or tested yearly per the advice of their veterinarian, that is acceptable; however, it is expected that a dog adopted through Brookline Lab Rescue will be placed on monthly heartworm prevention.

Personal Reference #1 (Required):

Name	
Relationship to Applicant	
Phone Number	
Email Address*	

Personal Reference #2 (Required):

Name	
Relationship to Applicant	
Phone Number	
Email Address*	

Personal #3 (Required only if no vet reference is provided):

Name	
Relationship to Applicant	
Phone Number	
Email Address*	

AUTHORIZATION

I (we) attest that the information provided is true and accurate to the best of my (our) knowledge. I (We) understand that completion and submission of this application does not guarantee adoption of a dog from Brookline Lab Rescue. I (We) have read over the requirements for adoption on the Brookline web site (www.brooklinelabrescue.org) and agree to their stated terms of adoption (including the home visit prior to approval). I (We) permit Brookline to contact our veterinarian and personal references.

- I (We) agree
 I (We) do not agree

Please mail completed application to:

Brookline Labrador Retriever Rescue
P.O. Box 638
Warrington, PA 18976-0638

Thank you for submitting an application to Brookline Labrador Retriever Rescue. A volunteer will be contact you, **usually by email, within 10 days of the date of receipt of your application** to explain Brookline's process and schedule your home visit. Please allow at least 10 days before contacting the rescue to check on the status of your application.