BROOKLINE LABRADOR RETRIEVER RESCUE, INC. APPLICATION FOR ADOPTION

Before submitting an application, please refer to our web site (<u>www.brooklinelabrescue.org</u>) to <u>review Brookline's coverage areas</u>.

For questions, please email info@brooklinelabrescue.org.

| Are you willing/able to participate in a virtual ho computer or smartphone? □YES □NO | me visit via Facetime, Z | oom, or another video-conferencing app on your |
|---|---|--|
| 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 a | innouncement e-mail list | ? □YES □NO |
| * Email is the preferred method for contacting app submitting your application. Please provide email add Brookline volunteer. | | |
| ** Our coverage areas are limited to areas where we of area applications will not be returned. Our coverag info@brooklinelabrescue.org to find out if a volunteer you by going to www.petfinder.org and searching by y | e areas can be found on ou covers your area. If you ar | |
| FAMILY INFORMATION | | |
| Please list the name(s) and age(s) of adults | currently living in your h | nome other than those listed above. |
| Please list the name(s) and age(s) of children | en currently living in you | home. |
| Please list the age(s) of children who visit yo | our home regularly and h | now often they visit. |
| Have all of the children listed above been ar | round dogs before and if | so, how are they with dogs? |
| Have you applied to adopt and/or adopted fi | rom Brookline in the pas | t? If so, when? |

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| HO | ME 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 <u>not</u> require adopters to have a fenced yard. We simply require that you have a plan to provide adequate exercise for your dog. | | | | | |
| DO | G/PET INFORMATION | | | | | |
| | Please list all pets (dogs | s, cats, birds, etc.) you current | ly own. | | | |
| | Pet's Name | Species/Breed | Age | How Long Had | | |
| - | | | | | | |
| - | | | | | | |
| | Are your pets used to being around other animals? If you currently own a dog (or dogs) o Are they spayed/neutered? If no, why not? | | | | | |
| | o Are they up-to-date on rabies vaccine and other vaccines as recommended by your vet? □YES □NO If no, why not? | | | | | |
| | o Are they tested for heartworm on a yearly basis? □YES □NO If no, why not? | | | | | |
| | o Are they given a monthly heartworm preventative? □YES □NO If no, why not? | | | | | |
| | Please list all of the <u>dogs</u> 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?

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| | How many hours per day wou | uld the dog be alone? | Please provide details, if needed. | |
|------|---|-----------------------------|---|-----|
| | If the dog will be left alone for Please provide details, | · more than 9 hours per | r day, will you have someone come and walk the dog/let outside | ? |
| | Are there any dogs on our we | ebsite that interest you? | ? | |
| | Would you consider adopting expense? □YES | | dog and seeing the dog through treatment at the rescue's would like more information | |
| | injections in conjunction with | very restricted activity of | s and heart from heartworms. Treatment consists of a series of during the treatment period (usually 60 days). After treatment, g effects from the heartworms. | |
| | Brookline's dogs are located by you willing to travel that distant | | area. You may have to travel 1-2 hours to pick up your dog. A \Box YES \Box NO | re |
| | | | This can be done via group classes or in-home training, whicheve ttend training sessions with your new dog? \Box YES \Box NO | ⁄er |
| | | y not be matched with t | using the information obtained in our home visits with adopters a the first dog that interests you. Are you willing to wait for the do □NO | |
| | How did you learn about Broo | okline Lab Rescue? | | |
| | ☐ Adoption event (please spe ☐ Animal Shelter (please spe ☐ Friend or Relative ☐ Brookline Lab Rescue Web ☐ Petfinder.com Internet Sea ☐ Brookline Adopter ☐ Other (please specify) | cify shelter) | | |
| | Please list any additional info | rmation you would like | to share and/or any questions you have. | |
| | FERENCE INFORMATION | and two personal refer | rences or, if you do not have a vet reference, three personal | |
| refe | | | r. If possible, please provide email addresses for personal | |
| Vete | erinarian Information (Require | d if you have a pet or h | nave had a pet within the last 5 years): | |
| | Name | | | |
| | Address | | | |
| | City, State, Zip | | | |

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.

Phone Number

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| Pers | sonal Reference #1 (Required |): | |
|----------------------|--|---|----------------------------|
| | Name | | |
| | Relationship to Applicant | | |
| | Phone Number | | |
| | Email Address* | | |
| | | | |
| Pers | sonal Reference #2 (Required |): | |
| | Name | | |
| | Relationship to Applicant | | |
| | Phone Number | | |
| | Email Address* | | |
| | | | |
| Pers | sonal #3 (Required only if no v | vet reference is provided): | |
| | Name | | |
| | Relationship to Applicant | | |
| | Phone Number | | |
| | Email Address* | | |
| | | | |
| AU1 | HORIZATION | | |
| com have state | pletion and submission of this e read over the requirements | rovided is true and accurate to the best of my (our) knowledge. I (We) under application does not guarantee adoption of a dog from Brookline Lab Resc for adoption on the Brookline web site (www.brooklinelabrescue.org) and agg the home visit prior to approval). I (We) permit Brookline to contact our vet | ue. I (We) ree to their |
| | ☐ I (We) agree | | |
| | ☐ I (We) do not agree | | |
| Plea | se mail completed application | n and a check/money order for \$15 payable to "Brookline Lab Rescue" | to: |
| | Brookline Labrador Ret P.O. Box 638 Warrington, PA 18976-0 | | |
| by e | email, within 10 days of the | cation to Brookline Labrador Retriever Rescue. A volunteer will be contact you date of receipt of your application to explain Brookline's process and schell days before contacting the rescue to check on the status of your applicat | edule your |

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