SUNSHINE AIREDALERS OF FLORIDA – APPLICATION FOR ADOPTION

| PERSONAL INFORMATION | |
|--|---|
| Name(s) of adults in household | |
| Address | |
| City State | Zip |
| Email | |
| Telephone number(s) | |
| Please list <u>ALL</u> human household members (you may include frequent visitors), and the Name/Relationship Age Name/Relationship | Age |
| Does any family member have pet allergies? Y / N Explain: | |
| How long have you lived at this address? | |
| If less than two years, please give your previous address. Previous Home Address | |
| City State | _Zip |
| Your Occupation | |
| Spouse's/Partner's Occupation | |
| RESIDENTIAL INFORMATION | |
| [] House [] Condo [] Anortment [] Donah er Ferm [] Durel [] Heben [] Other | (dagariba) |
| [] House [] Condo [] Apartment [] Ranch or Farm [] Rural [] Urban [] Other | |
| [] Own Home [] Rent Home If you rent, do you have written permission for having What is the type/height of fencing? | |
| What is the type/height of fencing? | |
| Does your back door open directly into the fenced yard? | |
| Is the fence detached from the house so you must walk out to it? | |
| | |
| PET HISTORY | |
| Have you ever owned an Airedale? | |
| If not, why do you now want an Airedale? | |
| Do you prefer: [] Male [] Female [] No Preference Age Preference | Size Preference (list maximum weight |
| What will your Airedale need to get along with? (Check as many as are app0licable) | |
| [] Other Dogs [] Cats [] Indoor Birds [] Small rodents [] Poultry [] Women [] Men [] Teenagers [] Older children (age 6-12 years) [] Young children (age 0-5 years)] Other (describe) | [] Livestock |

| Describe your plan to provide your dog with exercise: |
|--|
| Generally speaking, what kind of temperament would best suit your household? Check all that apply. |
| [] Energetic, always on the go [] Loves to walk, run or hike [] Sweet and Cuddly [] Patient and tolerant of kids [] Couch potato 80% of the time [] Protector of the house, barks loud [] Devil dog, needs constant watching or will find things to get into [] Good at meeting visitors |
| Have you been to obedience classes? Y/N |
| Are you a [] strong [] Average [] Weak "Pack Leader"? |
| Have you adopted a rescue before? Y/N |
| Have you ever had a dog that ran away or was stolen? |
| Please describe the event. |
| Have you ever given up a dog? |
| If yes, why? |
| For what reasons would you give up your dog? |
| Are you ready for a dog now? If not, what date did you have in mind? |
| Where will your dog stay when no one is home during the day? |
| For how many hours? |
| How often? |
| Will your dog have the run of the house? |
| If the dog is confined, describe where and how he would be confined. Maximum time dog would be crated per day with the door shut. |
| Will you use a crate? |
| Where will your dog sleep? |
| Will he/she be allowed on the furniture? |
| Will he/she have several beds or cushions throughout the house? |
| Will he/she sleep in your bedroom? |
| When you travel, where will your dog stay? |
| Pets currently in your household. Include animals that visit frequently. |
| Type of animal Age Sex Spay/Neuter Weight |
| |
| |
| Tell us about your previous pets, how long they lived and what ultimately happened to them. |
| Breed Age What happened |
| Breed Age What happened |

| REFERENCES | | | | |
|--|--|--|--|--|
| If you currently have pets, we would like to be able to co | ntact your vet | terinarian abo | ut your care of your current | |
| pets. Veterinarian or Vet Clinic | | | | |
| | | | | |
| Address | | | 7 | |
| • | | | Zip | |
| Telephone number (s) | | | | |
| If you do not currently have any pets, we would like to be someone who is not a relative and is not living in our hous | | niormation io | r one personal reference – | |
| Reference | | | | |
| Address | | | | |
| City | | tate | Zip | |
| Telephone number (s) | | | | |
| How does this person know you? (i.e., through work, church | | | | |
| ADOPTION INFORMATION | | | | |
| Do you understand that rescues are spayed/neutered or have | e a spay/neut | er contract? | [] Yes [] No | |
| Do you understand that if at any time you cannot keep the Rescue? | rescued Aired | lale, it must be | e returned to Airedale [] Yes [] No | |
| Are you aware that if Rescue places an Airedale with you, volunteer rescue organization and operate on donated fund minimum donation is \$550 - \$350 depending on age and is | s. If you ado | pt a rescue Air | redale from us, our | |
| Do you understand that volunteers from our organization in provided on this application in regard to your application to | | | | |
| Individuals who adopt a rescue Airedale are contacted peri successfully adjusts to its new life. If you adopt a rescued after adoption? | | | | |
| Once you submit this form, a volunteer will contact you fo arise from the telephone interview, we will have a voluntee Airedale with them (if possible). By submitting this applic form is true and correct. You understand that proceeding wa approve you for adopting one of our dogs. You also under until a dog enters rescue that SAF believes is a good match | er do a home vertion you cer with this application that if y | visit with you. tify that the in cation does no you are approv | They will bring an aformation provided on this at guarantee that we will | |
| Our rescues are all spayed or neutered (if medically cleared all shots when placement is made. | d), heartworm | negative, mic | cro chipped and current on | |
| Would you be able to care for a pet with special needs? | [] Yes | [] No | | |
| Would you consider "saving a place for an elder face?" | [] Yes | [] No | | |
| | . 1 111 | .1 1 | D 1 | |

If the application is being filled out by hand – not online – it should be mailed to: Tom Baker 1775 SW St. Andrews Drive Palm City, Fl 34990 email: <u>TomBaker@Keyes.com</u> Cell phone is 772-530-5754 Rev 8.28.17 Rev10.11.21LO