



Redland Rock Pit Abandoned Dogs Project, Inc.

www.redlandrockpit.org

adoptions@redlandrockpit.org

Redland Rock Pit Abandoned Dogs Project Inc. Adoption Application

\$350 PUPPIES (11 months and under)

\$300 ADULTS (12 months and up)

\$400 Trained dogs (any age)

Adoption donation includes the following:

- ✓ Preliminary vaccines
- ✓ Microchip
- ✓ Heartworm test and prevention to qualified animals
- ✓ Deworming
- ✓ Spay and neutering once puppy is of age (MANDATORY); all adults come spayed or neutered
- ✓ Rabies vaccines at time of spay/neuter

Process:

1. Completed Adoption Application (<https://www.redlandrockpit.org/adopt/>). Please print off application, complete and send back to adoptions@redlandrockpit.org.
2. Adoption coordinator will contact you for an interview.
3. References and vets are called, along with landlords and condo/homeowners associations.
4. Homecheck is scheduled and completed if everything checks out.
5. All adoptions are completed at PetSmart in Pembroke Pines, FL, allowing new adopters to take a part in the PetSmart Charities programs which include a coupon book with over \$250 in savings.

Meet and greets have to be conducted with any or all of the following:

- Other animals in the home or any animal whom may come into contact with your new family member.
- Other humans, including children, teenagers, friends and family that will come into contact with your potential new family member.

Adoption websites where our dogs are listed:

- AdoptaPet.com, Rescueme.org
- Facebook: <https://www.facebook.com/redlandrockpitcrew/>

Foster To Adopt:

- We do welcome “Foster to Adopt” trial periods of 2 weeks (14 days) as a conditional trial period to assess whether the animal is a good fit for your family.

MICROCHIP REGISTRY:

- <https://www.foundanimals.org/microchip-registry/pet-owner-benefits/>
- <https://www.freepetchipregistry.com/>



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Contact Information

Full name: _____

Occupation: _____

Home Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Employer

Name: _____

Address: _____

Phone Number: _____

Co Applicant Contact Information

Full name: _____

Occupation: _____

Home Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____



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Co Applicant Employer

Name: _____

Work Address: _____

Work Phone Number: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent or have a Condo and Home Owners association, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing RRPADP to contact your landlord AND/OR association, please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets



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What other pets do you have (specify type and number)? _____

Are these pets up to date on vaccines? _____

Are they current on monthly heartworm and flea tick preventive? _____

What preventives do you use? _____

Are these pets spayed/neutered? If not..why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Have you ever surrendered pet or had to rehome a pet? _____



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Are there any regular visitors to your home, human or animal, with which your new pet must get along? If yes, please describe: _____

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing RRPADP with this information you are allowing RRPADP to call your vet. Please call your vet and ask them to authorize the release of information to RRPADP.)

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming None of these



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Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? _____ Yes _____ No

Are you planning to move within the next 6 months? _____

What will happen if you move unexpectedly? _____

Do you agree to keep the dog as an indoor dog? _____ Yes _____ No

When the dog goes out, how do you plan to supervise it? _____

Do you have a fenced back yard? If so, please add height of fence. _____

Does your gate have a lock/secured latch, if not, could one be put in? _____

If there is no fence, how will you exercise your dog? _____

What type of vehicle do you own? _____

If you have a truck, how will your dog be transported? _____

What will you feed your pet? _____

What kind of behavior do you find unacceptable? _____



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If your pet has problems with behavior, are you willing to hire a trainer? _____

Please tell us why you would like to adopt a pet? _____

I am adopting this pet for (check all that apply):

Myself _____ Spouse _____ Children _____ Gift _____ Other _____

Is there a member of your household who is allergic to animals, If yes which type? _____

Are there any children that visit your home frequently? If yes, ages: _____

Do you agree to contact RRPADP if you can no longer keep this dog? _____ Yes _____ No

Are you be willing to let a representative of RRPADP visit your home by appointment?

_____ Yes _____ No

How did you hear about RRPADP? _____

Would you be interested in fostering? _____ Yes _____ No

Would like to know more _____

Personal References

Please list someone who is familiar with both you and your pets.



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Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

All of the information I have given is true and complete,

WE RESERVE THE RIGHT TO REFUSE AN ADOPTION FOR ANY REASON.

If adoption application is denied, all deposits will be returned to applicant.

Print Name (Date)

Signature (Date)

Co-Applicant Print Name (Date)

Co-Applicant Signature (Date)