



Redland Rock Pit Abandoned Dogs Project, Inc.

[www.redlandrockpit.org](http://www.redlandrockpit.org)  
[adoptions@redlandrockpit.org](mailto:adoptions@redlandrockpit.org)

## Redland Rock Pit Abandoned Dogs Project Inc. Adoption Application

### Dogs adopted from Redland Rock Pit Abandoned Dogs have had:

- ✓ **Preliminary vaccinations:** Vaccinations are up to date per appropriate age.
- ✓ **Deworming**
- ✓ **Flea & tick preventative**
- ✓ **Heartworm:** Testing has been completed and preventatives given to qualified dogs. Dogs who tested positive have been or will be treated.
- ✓ **Microchip:** Dog will have a microchip, which will be registered in your name.
- ✓ **Spay or neuter:** All adult dogs come spayed or neutered, unless a medical situation prevents or delays it. For puppies, it is MANDATORY that are spayed/neutered when they reach the appropriate age. We schedule and pay for this to be done.

### Adoption Process:

1. **Adoption Application.** To be completed and emailed to [adoptions@redlandrockpit.org](mailto:adoptions@redlandrockpit.org).
2. **Application review.** Adoption Coordinator will review and contact you for an interview.
3. **References and vets:** Will be contacted and information verified, as will landlords and condo/homeowner's associations, if applicable.
4. **Homecheck.** If 1-3 check out, a home check is scheduled and completed.
5. **Meet and greet:** To be carried out with the following:
  - Other animals in the family or residing at the home location.
  - All humans residing at the home location.
6. **Document completion:** All documents signed and submitted to Adoption Coordinator.
7. **Taking your new family member home:** An agreed to meeting place and time will be arranged for picking up of your new furry family member.

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



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**Name of dog/s you are interested in** \_\_\_\_\_

### **Contact Information**

Full name: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Employer**

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

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

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

### **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: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Family & Housing**

How many adults are there in your home location and their relationship to you?

\_\_\_\_\_  
\_\_\_\_\_

How many children are in the home location and what are their ages?

\_\_\_\_\_  
\_\_\_\_\_

Does anyone in the home have a known allergy to dogs? \_\_\_\_\_

How would you describe your household? \_\_\_\_ Active \_\_\_\_ Noisy \_\_\_\_ Quiet \_\_\_\_ Average

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

\_\_\_\_\_

Do you rent? \_\_\_\_\_ Homeowners association? \_\_\_\_\_

Landlord and/or association name: \_\_\_\_\_

Landlord and/or association phone number: \_\_\_\_\_

Landlord and/or association address: \_\_\_\_\_

\_\_\_\_\_

**If you rent or have a Condo and Home Owners association, please give the rules governing pets.**

**Note, by providing this information you are allowing RRPADP to contact your landlord and/or association. Please inform them, so they will speak with us.**



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Do you have a fenced back yard? \_\_\_\_\_ Yes \_\_\_\_\_ No. What is height of the 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **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.)

### **Personal References**

Please list three references who are familiar with both you and your pets.

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

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

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

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

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

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

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

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_



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**References continued:**

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

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

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

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

**Dog of interest**

Do you have time to provide adequate love and attention? \_\_\_\_\_

Where will the dog spend the day? \_\_\_\_\_

\_\_\_\_\_

Where will the dog spend the night? \_\_\_\_\_

\_\_\_\_\_

Will the dog be kept as an indoor dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of hours (average) the dog will spend alone? \_\_\_\_\_

What will you feed your new dog? \_\_\_\_\_

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

Is everyone in the home in agreement with the decision to adopt a dog? \_\_\_\_\_

Are there any regular visitors to your home, human or animal, which your new pet will be around? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you planning to move within the next 6 months? \_\_\_\_\_



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What will happen with the dog if ever an unexpected move or unforeseen circumstances arise? \_\_\_\_\_

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

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

### **Other Pets**

Please tell us about other pets that you have (type, age). \_\_\_\_\_

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Are these pets all spayed/neutered? If not, why? \_\_\_\_\_

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Are these pets up to date on vaccines? \_\_\_\_\_

Are they current on monthly heartworm and flea / tick preventive? \_\_\_\_\_

Which preventives do you use? \_\_\_\_\_

Have you ever surrendered pet or had to rehome a pet? If so, why? \_\_\_\_\_

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

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**Behavior**

What kind of behavior do you find unacceptable? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you discipline your pets? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your dog has problems with behavior, are you willing to hire and work with a trainer? \_\_\_\_\_

**Misc.**

What type of vehicle do you own? \_\_\_\_\_

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

\_\_\_\_\_

Any other information you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you understand as part of the adoption process, a representative of RRPADP will visit your home by appointment and agree to it? \_\_\_\_\_Yes \_\_\_\_\_No

Do you agree, should you be unable to keep the dog, to contact RRPADP and not relinquish the dog to a shelter or another rescue? \_\_\_\_\_Yes \_\_\_\_\_No



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All of the information I have given is true and complete. I agree to RRADP contacting any person or persons I have listed on this application and to allowing a representative of RRADP completing a home and location check.

\_\_\_\_\_  
Applicant Print Name (Date)

\_\_\_\_\_  
Applicant Signature (Date)

\_\_\_\_\_  
Co-Applicant Print Name (Date)

\_\_\_\_\_  
Co-Applicant Signature (Date)