



**OHIO CATTLE DOG
RESCUE TEAM**

Adoption Application

APPLICATION INSTRUCTIONS & PROCESS

This application allows us to better determine what you are looking for in an ACD. This is an extensive application as we are very thorough with looking into all inquiries concerning adopting our fosters. All questions must be answered; incomplete applications will not be processed. After completing the application please send via email to info@cdrescueteam.org and confirm you have contacted your vet clinic and references to let them know it is okay to release information to OCDRT. If you have not heard from OCDRT within 48 hours, please send a follow up email as we get numerous applications daily for each foster.

After confirmation, the application will be reviewed, vet reference(s) will be verified, home/property photos will be requested, a phone interview will be completed, and personal references will be contacted via email. Next, a Home Support Visit will be completed by an OCDRT Board member or volunteer. The final step is a meet and greet with adopters and resident dog(s) at the foster ACD's home. **We do not place our fosters on transport to go to their forever homes.**

Our adoption fee is \$250. Our fosters have been fully vetted including: alter, DHLPP, Bordetella, and Rabies vaccines, heartworm and tick-borne disease tested and kept on prevention, fecal tested, de-wormed, micro-chipped, and fed a premium food.

PERSONAL INFORMATION

Your Name _____

Spouse / Partner / Roommate Name(s) _____

Address _____

City, State, Zip _____

County _____

How long have you lived at your current address? _____

If less than 2 years, what is the previous address? _____

Number of years at previous address _____

Primary phone number _____

Secondary contact name and phone number _____

Your Employer, job description, and length of employment _____

Do you work from home? _____

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Work address _____

Work phone _____ Work hours _____

Spouse / Partner / Roommate's employer, job description, and length of employment _____

Does your Spouse / Partner / Roommate work from home? _____

Work address _____

Work phone _____ Work hours _____

List all members living in home, their ages, and their relationship to applicant _____

Ages of any visiting children and their relationship to applicant _____

Do you plan to have children or are you expecting a child? _____

How did you find out about OCDRT? _____

RESIDENCE INFORMATION

Do you own or rent your home? _____

If renting, landlord name & phone: _____

What are the pet rental terms? (Written copy is required) _____

Do you live in the Country, City, or a Suburban setting? _____

Have you verified if there is a local Pet Limit Ordinance? _____

Do you have a backyard? _____

Is your yard fenced? (If yes, give height, style, and if it is buried to prevent digging out) _____

Do you have a Doggie Door? (If yes, does it access a fenced in area? Do the pet(s) have access while you are away?) _____

Is your fencing (if any) shared with neighbors? _____

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Do your neighbors have animals? If yes, what type and what style of fencing (if any)? _____

Do you have a pool or pond? (If so, is it fenced off? What is the depth?) _____

PET CARE INFORMATION

Do you or your housemates currently have pets in the home? (If so, please give type, breed, age, and name): _____

If you live on a farm, what type of animals do you have? What style of fencing? _____

Do you have ACD experience? If yes, please describe: _____

If no, have you researched the ACD breed? Please describe: _____

What has led you to applying for a rescued ACD? _____

Will ACD go to work with you or others? If yes, please describe: _____

Are all household members agreeable to adopting? _____

Are you Adopting for yourself or someone else? _____

Do any household members have allergies? If yes, to what? _____

Do you have a will for your pet(s) care? _____

Who would care for your pet(s) if you were unable to during an emergency or when you are out of town? _____

How long will your ACD be left alone while you are away daily? _____

Where will you leave your ACD when you are not home? _____

Where will your ACD be when you are home? _____

How much time will your ACD spend outside? _____

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Is there shelter outside? If yes, please describe: _____

Where will your ACD sleep? _____

Do you have an Obedience Trainer? (If yes, please give name and phone number): _____

What behaviors have been worked on while at the trainer with your pet(s)? _____

What level(s) of obedience class do you plan to attend? _____

How much time will you spend training each day? _____

What type of activities do you plan to do with your ACD? _____

What level of activity do you prefer?

___ **Low** (couch potato) ___ **Moderate** (play/short walks) ___ **High** (constant play & runs)

Would you consider a dog with special needs like deafness, needs medication, missing a leg, blind, shy/timid, etc? _____

What behavior issues are you willing to work on? _____

What behaviors are you NOT willing to work on – mouthing, house training, crate training? _____

How do you plan to correct your ACD for undesired behavior? _____

Do you own a crate, and know how to use it? _____

Will you continue crate training? At what point would you stop using a crate? _____

What would cause you return your ACD to OCDRT? _____

What brand of dog food will you feed your ACD? Why have you chosen this brand? _____

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Are your current animals good around new dogs? _____

Are your pets kept up to date on vaccines? _____

Are your pets kept on heartworm prevention year-round? _____

Which brand heartworm preventative do you use? _____

Are your pets spayed or neutered? _____

Please explain if your pets are not vaccinated or altered: _____

What is the name and phone number of your Veterinarian Clinic(s)? _____

What owner name is on file at the vet office? _____

Please provide your past and present pet's name(s) and breed(s) for a reference with the above listed vet clinic(s): _____

ADOPTION INFORMATION

Which of our foster dog(s) do you feel are a good match and why? _____

Are you open to suggestions of who OCDRT feels would be a good match? _____

Have you currently or previously applied with another rescue group? _____

If you have previously applied with another rescue, please list the rescue and the contact person: _____

Our fosters typically have an unknown history, what we know about them we learn by evaluating for a minimum of 2-3 weeks, is this acceptable for you? _____

Are you financially able to care for an ACD even if emergency needs or long term needs would arise? _____

Will you send pictures of home and yard when they are requested to assist with the home

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support visit? _____

May a representative of OCDRT do a home support visit? _____

REFERENCES

OCDRT will contact your references via e-mail. Please provide information for the following references:

1. Relative Reference

Name: _____

E-mail: _____

2. Non Relative Reference

Name: _____

E-mail: _____

3. Neighbor or Other

Name: _____

E-mail: _____

CONFIRMATION OF INFORMATION

By signing this application, you are permitting a representative of Ohio Cattle Dog Rescue Team to contact all references listed, including veterinarian, personal, and landlord (if applicable).

Printed Name: _____

Signature: _____ Date: _____