



Southeast Texas Labrador Retriever Rescue (STLRR)

PO Box 46

Magnolia, Texas 77355

Fax: 281.259.7360

[www.txlabrescue.org](http://www.txlabrescue.org)

E-mail completed form to: [adoptions@txlabrescue.org](mailto:adoptions@txlabrescue.org)

## ADOPTION APPLICATION

### PERSONAL INFORMATION

Adopter Name \_\_\_\_\_

Co-Adopter Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Adopter Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Co-Adopter Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Adopter Email \_\_\_\_\_ Adopter Work Hours \_\_\_\_\_

Co-Adopter Email \_\_\_\_\_ Co-Adopter Work Hours \_\_\_\_\_

Do You:  Own  Rent  
And do you reside in:  Apartment  House  Condo  Townhouse

How long have you lived at your present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

If rental, name, address and phone number of landlord (written proof landlord consent to bring animals onto property is required):

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

How many people reside at this address? \_\_\_\_\_ Adults \_\_\_\_\_ Children

Ages of children: \_\_\_\_\_

Does anyone in your household have allergies to animals?  Yes  No  
If yes, please explain:

If you move in the future, what will you do with your dog?

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

### HOME ENVIRONMENT

Do you have a doggie-door?  Yes  No

Do you have a pool?  Yes  No

Is it above ground or in-ground?

Is the pool area fenced or separated from the main yard?

Do you have a fenced in yard?  yes  No

If Yes: Height of Fence \_\_\_\_\_ Type of Fence

Is the fenced are attached to the house?  yes  No

**If no or if not completely fenced in, how will you contain your dog to your property? (Be specific)**

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**How many average hours during the day do you expect the dog to be left alone?** \_\_\_\_\_

**Where will you keep the dog when no one is home?** \_\_\_\_\_

**Where will you keep the dog during the night when you are sleeping?** \_\_\_\_\_

**What will you do with the dog if you need to travel for personal or business reasons?**

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**PET EXPERIENCE**

**Please list and describe your current dog(s) first, and then any other dog where you were the primary caretaker:**

Name(s)	Type/Breed	Age	Sex Female / Male	Neutered/ Spayed/ Intact	Behavior with dogs	Any behavior issues with this animal?

**Are your current pets up to date on vaccinations?**  Yes  No  
**Are your current pets on heartworm preventative?**  Yes  No

**Do you own any other animals?**

Name(s)	Type/Breed	Age	Sex Female / Male	Neutered/ Spayed/ Intact	Behavior with dogs	Any behavior issues with this animal?

**How much a year do you think it will cost to own a dog, not including emergencies or sudden illnesses?**  
\$

**Are you willing to obtain a crate/kennel and crate train the dog ?**  Yes

**Are you willing to enroll the dog in obedience training classes?**  Yes  No

How do you plan on exercising the dog and for what length of time?

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Rescued animals need time to adjust to a new environment. How long do you feel is a fair amount of time for the dog to fit into your home/family/lifestyle?

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What would be unacceptable behavior in your home for you to want to give up the dog?

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**VETERINARY'S NAME (Must include if you have used one in the past.)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

How did you hear about STLRR.? (Please check all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Internet                               | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Word of Mouth   |
| <input type="checkbox"/> Newspaper Ad                           | <input type="checkbox"/> Vet's Office  | <input type="checkbox"/> Groomer/Trainer |
| <input type="checkbox"/> Flyer posted at local pet supply store | Other _____                            |  |

Are you willing to have a STLRR representative visit your home by appointment to approve your application prior to adoption? Yes No

If no, reason: \_\_\_\_\_

I understand that in order to complete processing of this application, a visit to my home will be scheduled by a representative of STLRR and that by submitting this application, I agree to such a scheduled visit.

Note: The length of time to process an adoption application may be weeks so please be committed to the "wait" time prior to completing and submitting an application.

**TELL US WHY YOU WANT TO OWN A LABRADOR RETRIEVER**

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HAVE YOU APPLIED TO ANY OTHER LAB RESCUE ORGANIZATIONS? Yes No

IF YES, NAME OF ORGANIZATION: \_\_\_\_\_

IF YES, IS A HOME VISIT SCHEDULED/COMPLETED BY THIS ORGANIZATION? Yes No

IF YES, CAN WE CONTACT THIS ORGANIZATION TO SHARE INFORMATION? Yes No

**HAVE YOU PREVIOUSLY ADOPTED FROM STLRR?**  Yes  No

**If yes, when?** \_\_\_\_\_

\_\_\_\_\_  
**Adopter's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Adopter's Signature**

\_\_\_\_\_  
**Date**