

## A Rescue for Dogs

## of Good Temperament

Peppertree Rescue PO Box 2396 Albany, NY 12220 (518) 435-7425 E-mail: rescue@peppertree.org http://www.peppertree.org

## **Board of Directors**

Donna Burdick, President Katie Muller, Vice President Deb Moon, Treasurer Mary Ellen Grimaldi, Secretary Heather Rose, Director

| Application ID:                                       |  |
|---|--|
| Date of Application:                                  |  |
| How did you learn of Peppertree:                      |  |
| Adoption Applicants:                                  |  |
| Applicant 1:  |  |
| Work/Cell Phone:                                      |  |
| Applicant's Employer:                                 |  |
| Applicant's Position:                                 |  |
| Applicant 2:  |  |
| Work/Cell Phone:                                      |  |
| Co-Applicant's Employer:                              |  |
| Co-Applicant's Position:                              |  |
| Home phone:   |  |
| Email address:  |  |
| Number of adults in home:                             |  |
| Specific ages of adults:                              |  |
| Number of children in home:                           |  |
| Specific ages of children:                            |  |
| Do small children, under 8, visit frequently?: Yes No |  |
| Residence:  |  |
| Street address:                                       |  |
|   |  |
| Type of setting: City Suburb Country Other            |  |

| Own or rent:                        |                       |          |        |                     |                                |
|-------------------------------------|-----------------------|----------|--------|---------------------|--------------------------------|
| If rent, landlord's                 | name and phone:       |          |        |                     |                                |
| Do you have a fenc                  | •                     |          |        |                     |                                |
| Fence Type: Cha                     |                       | •        |        | ole Other           |                                |
| Fence Height (lowe                  | _                     |          |        |                     |                                |
| Care and Maintena                   | ance:                 | •••••    | •••••  |                     |                                |
| # of hours the dog                  | will be alone:        |          |        |                     |                                |
| Are you willing to                  | crate your dog in t   | he beg   | inning | g?: Yes No          |                                |
| Where will the dog                  | be during the day     | :        |        |                     |                                |
| At night:                           |                       |          |        |                     |                                |
| How will the dog b<br>Unfenced Area |                       | ced Are  | ea W   | Valks on Leash Jogg | ging, Running Off Leash        |
| Other, please ex                    | plain:                |          |        |                     |                                |
|                                     |                       |          |        | with a dog?: Yes    |                                |
| Do you plan to do t                 | training with this d  | log?:    | Yes    | No If Needed        |                                |
| References:                         |                       | •••••    |        |                     |                                |
| Reference 1:                        |                       |          |        |                     |                                |
| Phone (or Addr                      | ess):                 |          |        |                     |                                |
| Reference 2:                        |                       |          |        |                     |                                |
|                                     |                       |          |        |                     |                                |
|                                     |                       |          |        |                     |                                |
| Phone:                              |                       |          |        |                     |                                |
|                                     |                       | _        |        |                     |                                |
| Family Pets:                        |                       | •••••    | •••••  |                     |                                |
| Do you have other                   | -                     | <b>A</b> | NA AE  | C 1/N4 1            | Characteristics                |
| Name                                | Type/Breed            | Age      | M/F    | Spayed/Neutered     | Characteristics                |
|                                     |                       |          |        |                     |                                |
|                                     |                       |          |        |                     |                                |
|                                     |                       |          |        |                     |                                |
|                                     |                       |          |        |                     |                                |
| Have you had any                    | pets in the last 10 y | years?:  | Ye     | es No               |                                |
| Name                                | Type/Breed            | Age      | M/F    | Spayed/Neutered     | <b>Location/Cause of Death</b> |
|                                     |                       |          |        |                     |                                |
|                                     | ĺ                     | 1        | I      |                     |                                |

| Dog Preference:  |
|--|
| Are you interested in specific dog(s) on the Peppertree website?: Yes No   |
| If yes, Name(s)?   |
| Activity level you want: Any High Low  |
| Breeds that you might like:  |
| Gender: Either Male Female   |
| Must your dog be purebred?: Yes No   |
| Age: Any Puppy Young (6 months-2 years) Adult (3-6 years) Senior (7+ years)  |
| Sizes: Toy Small Medium Large Giant  |
| Color, if specific request:  |
| Coat, if specific request:   |
| Check if you want a dog who:   |
| Will jog with you travels well Can eventually go off leash Won't need obedience training   |
| Is good with children other dogs cats  |
| Other traits/characteristics that are important to you:  |
| Any additional information/comments:   |
|  |
| May we share your application with other rescues that may have a dog that fits your preference?:   |
| If you are out of the immediate Capital District area and can not attend a Peppertree Clinic in the Albany, NY area, please include a home visit report from a local rescue group.   |
| A donation of \$5.00 to help with processing and phone costs would be greatly appreciated. Please send a check or donate via PayPal.   |
| PUPPIES (up to 6 months) \$200.00 + adopter pays for the required spay/neuter. The normal veterinary cost for spay/neuter would apply. ALL OTHER DOGS \$175.00. Discounts possible in individual cases for more difficult-to-place dogs. |
| I acknowledge that all the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentations of fact may result in the removal of the adopted dog from my home by Peppertree. |
| Signed:  |
| Date:  |
|  |
| Signed:  |