

PROS

**Pug Rescue - Bay to the Borders
PO Box 5094, Concord, CA 94524
(925) 974-PUGS or (916) 484-4158**

Web: www.pugpros.org Email: rescue@pugpros.org

**Please mail completed application to the above address
Incomplete applications may not be considered. If you have any questions, please call or email.**

ADOPTION OR FOSTER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

How long have you been at this address: _____

Home Phone: _____ **E-mail:** _____

Work phone: _____ **Cell:** _____

Employed by: (name & City) _____

Hours worked per day: _____

Occupation/Profession: _____

Age: ___20's ___30's ___40's ___50's ___60's ___70's

Spouse/partner/roommate: _____

Work phone: _____ **Cell:** _____

Employed by: (name & City) _____

Hours worked per day: _____

Occupation/Profession: _____

Age: ___20's ___30's ___40's ___50's ___60's ___70's

Other adults and children (ages) living in home:

- | | |
|---|---|
| Yes___ No___ Are you applying to Foster | Yes___ No___ Do you rent |
| Yes___ No___ Are you applying to Adopt | Yes___ No___ Do you own |
| Yes___ No___ Are you a United States Citizen | Yes___ No___ Do you live in a house |
| Yes___ No___ Are you a year round CA resident | Yes___ No___ Do you live in a Condo |
| Yes___ No___ Are you expecting a child | Yes___ No___ Do you live in an apartment |
| Yes___ No___ Does anyone in the home smoke | Yes___ No___ Do you live in a mobile home |
| Yes___ No___ Do you have changing roommates | Yes___ No___ Do you live in a RV park |
| Yes___ No___ Do you want a pug to give as a gift | Yes___ No___ Do you live in city limits |
| Yes___ No___ Is this application for yourself | Yes___ No___ Do you live in wilderness |
| Yes___ No___ Is anyone in the home terminally ill | Yes___ No___ Do you live on/near open water |

- Yes___ No___ Is anyone in home (over 18) not able to take care of the pug
- Yes___ No___ Have any of the applicants ever been cited or fined for animal related situations
- Yes___ No___ Have you been denied adoption from another rescue group or shelter
- Yes___ No___ Is anyone in your household allergic to dogs
- Yes___ No___ Does anyone in the home not want the pug

If Yes, explain: _____

How does your spouse/partner/roommate feel about pugs: _____

Who in the household wants the pug: _____

- Yes___ No___ As the main person filling out this application, are you the primary care person
- Yes___ No___ Are you physically able to take care of the pug
- Yes___ No___ Are you able to lift a 20 pound animal

Yes___ No___ Do you travel on business If yes, how often: _____
 Yes___ No___ Do you travel for pleasure If yes, how often: _____
 Yes___ No___ Sometimes ___Rarely ___ Do your animals travel with you
 Yes___ No___ Does anyone in your family work from home
 Yes___ No___ Is anyone in the home subject to transfer If yes, how often: _____
 Yes___ No___ Are you planning to move within the next year.

If yes, when & where: _____

Yes___ No___ Will you have any major lifestyle changes in the near future

If yes, explain: _____

Yes___ No___ Have you ever owned a pug before
 Yes___ No___ Have you ever lived with a pug before
 Yes___ No___ Have you ever lived with a dog before
 Yes___ No___ Do you currently own a dog. **If yes**, how many: _____

Describe each:

Breed: _____ Active ___ Mellow ___ Alpha _____ Age ___ Sex ___
 Breed: _____ Active ___ Mellow ___ Alpha _____ Age ___ Sex ___
 Breed: _____ Active ___ Mellow ___ Alpha _____ Age ___ Sex ___
 Breed: _____ Active ___ Mellow ___ Alpha _____ Age ___ Sex ___

Do any of your dogs have any Physical Problems? _____

Do any of your dogs have dominance Problems? _____

Do any of your dogs not get along with other dogs? _____

Where did you get your animals: ___ Breeder ___ Pet Store ___ Rescue ___ Shelter ___ Stray ___ Other

What other pets did you have in the last 10 years: _____

What happened to them: _____

How long did you own each animal: _____

Yes___ No___ Have you ever had an animal euthanized

If yes, explain: _____

When did your last animal die or have to be euthanized: _____

Yes___ No___ Do you have a cat or cats If yes, how many: _____

Yes___ No___ If yes, are they all de-clawed Yes___ No___ Are they pug friendly

Yes___ No___ Have you ever lost an animal Yes___ No___ Was the animal found

Yes___ No___ Have you ever taken an animal to a shelter or released an animal to another party

If yes, explain: _____

Yes___ No___ Have you ever housebroken a dog before

Yes___ No___ Did you use a crate

Yes___ No___ Have you ever bred animals for pleasure or profit

Yes___ No___ Are you familiar with the animal control regulations in your area

Yes___ No___ Are all of your current household animals spayed or neutered

Yes___ No___ Are all of your household animals current on vaccinations

Yes___ No___ Do you authorize your veterinarian to give PROS a reference

Current vet & Phone number: _____

Yes___ No___ Sometimes ___Rarely ___ Do you walk your pugs/dogs on leashes

Yes___ No___ Sometimes ___Rarely ___ Do you take your pugs/dogs with you on short errands

Yes___ No___ Sometimes ___Rarely ___ Do you take your pugs/dogs to doggie free play areas

Yes___ No___ Sometimes ___Rarely ___ Do you dress your pugs/dogs in outfits

What type pug would you like prefer:

___ Fawn	___ Male	___(1-4 years)	___ Active
___ Black	___ Female	___(5-8 years)	___ Mellow
___ No Preference	___ No Preference	___(9+ years)	___ Special needs
		___ No Preference	___ No Preference

Yes ___ No ___ Would you adopt ___ foster ___ a special needs pug

If open to special needs please check which special need you would accept:

Blind ___ Deaf ___ Diabetic ___ Epileptic ___ Arthritis ___ Allergies ___
Daily Medications ___ Incontinent ___ Can't climb stairs ___ Back Problems ___

Yes ___ No ___ Are you open to adopting a pug mix

Is there anything else specific you are looking for in a pug:

-
- Yes ___ No ___ After you adopt, would you be willing to foster
 - Yes ___ No ___ Would you like to foster until you've found the right pug for your family
 - Yes ___ No ___ N/A ___ If fostering, are you able to take the pug to the vet
 - Yes ___ No ___ N/A ___ If fostering, are you willing to meet with prospective adopters
 - Yes ___ No ___ Can you deal with a pug that snores
 - Yes ___ No ___ Can you deal with a pug that scratches to communicate
 - Yes ___ No ___ Can you deal with a pug that may bark
 - Yes ___ No ___ Can you deal with a pug that has accidents or may become incontinent
 - Yes ___ No ___ Can you deal with a pug that licks
 - Yes ___ No ___ Can you deal with a pug that sheds a lot
 - Yes ___ No ___ Are you willing to house train a new pug
 - Yes ___ No ___ Are you willing to trim the nails or have the pugs nails trimmed on a regular basis
 - Yes ___ No ___ Are you willing to administer daily eye drops or medicine to the pug if it needs it.
 - Yes ___ No ___ Are you willing to have the pugs anal gland expressed periodically if it needs it

Why do you want a rescue pug:

-
- Yes ___ No ___ Do you have and use air conditioning
 - Yes ___ No ___ Do you have a pool or spa Yes ___ No ___ Is the pool covered or fenced
 - Yes ___ No ___ Do you have a back yard Yes ___ No ___ Is it fenced
 - Yes ___ No ___ Do you have a fenced front yard Yes ___ No ___ Do you have a fenced patio
 - How tall are your fences in front yard &/or backyard: _____
 - Yes ___ No ___ If you have a gate to the back yard and is it locked?
 - Yes ___ No ___ Do you have a balcony or deck What is the space between rails (inches): _____
 - Yes ___ No ___ Do you have stairs- **circle one (inside or out)** Yes ___ No ___ Are any stairs open backed
 - Yes ___ No ___ Will you reinforce or enclose areas if we request
 - Yes ___ No ___ Are all windows screened
 - Yes ___ No ___ Do you have a doggy door Yes ___ No ___ Are you planning to get a doggy door
 - Yes ___ No ___ If utility meters are located in backyard area will meter readers be entering this area.
 - Yes ___ No ___ Will gardeners or pool maintenance people be entering the back area
 - Yes ___ No ___ Are you willing to put a padlock on the back area gate
 - Yes ___ No ___ Pesticides, slug/snail pellets and other chemicals such as antifreeze are toxic. Do you agree not to use any of these in areas your pug will have access to.
 - Yes ___ No ___ N/A ___ Does your homeowners Association, Apartment, or Mobil home, condominium, etc. allow pets. **If yes, explain restrictions:**

***To complete your application, you must attach relevant portions of lease or assoc. agreement.**

Yes ___ No ___ N/A ___ If you rent, DO YOU have permission to own a dog?
Landlord's Name: _____ Phone: _____

If your pug had an emergency or serious illness, how much would you be willing to spend on vet bills
\$100 ___ \$250 ___ \$500 ___ \$1000 ___ whatever it takes ___

Under what circumstances would you justify getting rid of a pug:

Explain: _____

Yes___ No___ Will the pug be restricted FROM/TO certain room(s)

If Yes, explain: _____

Yes___ No___ Will the pug be restricted from the furniture

Yes___ No___ Will you crate the pug when you are away from home

Yes___ No___ While you are out, will the pug have access to a doggy door and the outdoors

Where will the pug sleep at night: _____

Where do other animals sleep: _____

How many hours a day, on average, will your pug be alone: _____

Where will you keep your pug during the day: _____

Where will your pug stay when you are out of town: _____

If the pug has an accident in the house explain what you would do:

Yes___ No___ Do you agree to keep a current ID tag on your pug at all times

Yes___ No___ Do you agree to keep your pug current on all shots and on heartworm preventative

Yes___ No___ Can you commit to care for the pug for its whole life, even if special needs arise?

What would you do if your pug became a special needs pug? _____

Yes___ No___ Are you willing to help PROS at their functions.

Yes___ No___ Would you object to a representative of PROS calling to check on how you & pug are doing

Yes___ No___ Would you object to a home visit by a representative of PROS

If yes, why: _____

Yes___ No___ Are you willing to return the pug to PROS should unforeseen circumstances arise

How did you find out about PROS: _____

Is there anything else you think we should know about you, your pets or your family?

Thank you for taking the time and care to complete this application. Please try to answer each question as completely as possible. Incomplete applications may not be considered. By signing below, you are attesting to the truthfulness of your answers. Falsification of any of the above information will be grounds to disallow your adoption of a rescue pug.

Our rescue pugs are located throughout the Northern California area. In order to be considered for a particular pug, you must be willing to drive to where that pug is being fostered. By signing this application you attest that you will travel to meet a pug when a possible match has been determined. Refusal to travel to meet a pug due to distance only will terminate the entire adoption process with PROS.

PROS adopts pugs only to homes willing to make a lifetime commitment to their pugs. Pugs are to be treated as family members. They require a quality diet, to be given regular medical care and vaccinations. PROS will be checking on the pug at various times and has the right to reclaim any pug if the circumstances warrant such action. Should an adopter ever have to give up the Pug, it will be returned back to PROS at no charge to PROS.

I HAVE READ AND AGREE TO ALL OF THE TERMS ABOVE AND ADDITIONALLY HAVE READ AND UNDERSTAND THE "PROCESS FOR ADOPTION".

Signature of Applicant: _____ Date: _____

Signature of Spouse/Partner: _____ Date: _____

PROS RESERVES THE RIGHT TO REFUSE ANY ADOPTION