



# LAB RESCUE OF THE L.R.C.P., INC.

P.O. Box 1741 | Silver Spring, MD 20915-1741

Lab Line: 301.299.6756  
Fax: 703.852.7077  
Email: info@lab-rescue.org

### FOR LAB RESCUE USE ONLY

Adoption Coordinator: \_\_\_\_\_

Approved  Declined Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

## APPLICATION FOR ADOPTION

You may fill out and submit our application online or print it out and then fax or mail it.

### HOUSEHOLD INHABITANTS

How many of the below does your household include:

\_\_\_\_\_ dog(s)

\_\_\_\_\_ cat(s)

\_\_\_\_\_ other

\_\_\_\_\_ children under 10

### TIME FRAME FOR ADOPTION

Would you like to adopt from us:

\_\_\_\_\_ ASAP

\_\_\_\_\_ In the next 3 months

\_\_\_\_\_ In the next month

### APPLICANT PERSONAL INFORMATION (NOTE: Applicant must be at least 18 years of age.)

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

### CO-APPLICANT PERSONAL INFORMATION (NOTE: Co-Applicant must be at least 18 years of age.)

Co-Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant's relationship to applicant:  Spouse/Partner  Parent/Guardian  Child  Roommate  Other \_\_\_\_\_

Have you considered the full ramifications of taking a dog into your family for the rest of its life – through its illnesses and old age? .....  Yes  No

Have you considered that having a dog through its lifetime might, over time, require changes to your life including (a) providing your dog with more frequent opportunities to eliminate (b) providing your dog with more padding in his/her bedding as old age sets in, (c) providing your dog with medication for symptoms of arthritis, or (d) adjusting your routine to allow your dog to avoid stairs later in life? .....  Yes  No

Please share your experience or questions pertaining to the previous two questions: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Type of dwelling:  House  Townhouse  Apartment  Condo

Do you .....  Rent  Own?

**If you rent, an executed copy of your lease agreement MUST accompany your application.**

If you rent, have you received permission from your landlord to have a dog? .....  Yes  No

If you rent, is there a weight limit on dogs in your rental property?.....  Yes  No

How many steps are there to reach your front door? \_\_\_\_\_ Is your yard fenced? .....  Yes  No

If yes, what kind of fence? (Height and Material) \_\_\_\_\_

List all residents of your household (other than applicant and co-applicant)

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

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

If the above named are children, what is their experience with dogs? .....  Lived With  Frequent  Some  None

.....  Large Dog  Small Dog

Are you currently expecting a child? ....  Yes  No Are you considering having children within 10 years? ...  Yes  No

Please explain how you would resolve issues relating to new children and your dog: \_\_\_\_\_

If you have children, how do you plan to prepare your children for the addition of a dog to their family? \_\_\_\_\_

Is anyone home during the day? .....  Yes  No If yes, who? \_\_\_\_\_

How many hours a day will the dog be left alone? \_\_\_\_\_

**GENERAL QUESTIONS**

Has the applicant or co-applicant applied to adopt from lab rescue before? ..... Yes No

What was the outcome of your application? ..... Adopted Approved but never adopted Never interviewed Rejected

if you adopted through lab rescue before, what was the dog's lab rescue name? \_\_\_\_\_

Date of previous adoption: \_\_\_\_\_ Name of adoption coordinator: \_\_\_\_\_

Who will be responsible for the dog? \_\_\_\_\_

Why do you want a dog? .....  Companion  Guard dog  Gift  Personal protection  For child

Other reason: \_\_\_\_\_

Why do you want a Labrador Retriever? \_\_\_\_\_

All dogs adopted from Lab Rescue will be spayed or neutered. Do you have any reservations or questions about this?  Yes  No

If yes, please explain: \_\_\_\_\_

Where will the dog be kept during the day? (please be specific) \_\_\_\_\_

Where will the dog sleep at night? (please be specific) \_\_\_\_\_

Plans for crate use: .....  No crate  Reluctant to crate  Crate if necessary  Temporarily  Permanently

Estimate the cost to take care of your dog each year (food, vet care, license, toys, supplies, training?) \$ \_\_\_\_\_

Average number of days applicant is out of town (business or pleasure) .....  0  1-3  4-6  >6  
.....  Per week  Per month  Per year

Average number of days co-applicant is out of town (business or pleasure) .....  0  1-3  4-6  >6  
.....  Per week  Per month  Per year

How will your dog be cared for when the responsible persons are out of town? \_\_\_\_\_

If you move, what will you do with your pet? \_\_\_\_\_

**PET CARE EXPERIENCE**

Have you ever owned a dog before? .....  Yes  No

Have you ever cratetrained a dog before? .....  Yes  No

Have you ever housetrained a dog before? .....  Yes  No

Have you ever obedience trained a dog before? .....  Yes  No

If you answered yes to any of the above, was your experience as an adult or as a child? .....  Adult  Child

Please list all pets (not just dogs) that you have owned in the past five (5) years.

Species	Sex	Age (current or at death)	Spayed or neutered?	Present Location
	M F		Y N	
	M F		Y N	
	M F		Y N	
	M F		Y N	

If you have ever had a pet die at an early age due to an accident, please give details: \_\_\_\_\_

How do you plan to exercise your Lab? \_\_\_\_\_

Do you live near a dog park? .....  Yes  No      If yes, would you use it for your dog? .....  Yes  No

Do you or any member of your household plan to run/jog with your dog for aerobic exercise? .....  Yes  No

How will all of your Lab's outdoor activities be supervised? \_\_\_\_\_

**CHARACTERISTICS OF A LABRADOR RETRIEVER YOU HOPE TO ADOPT**

Gender: .....  Male preferred  Male required  Female preferred  Female required  No preference

Color: .....  Yellow  Chocolate  Black  No preference

Above colors marked are .....  Preference  Requirement

Age: \_\_\_\_\_ Age indicated is a .....  Preference  Requirement

Would you consider adopting a dog over 3 years old? .....  Yes  No      Over 5 years old? .....  Yes  No

Energy Level: .....  High  Moderate  Couch potato      Energy level indicated is a  Preference  Requirement

*Note: A high energy level dog will need plenty of exercise daily, like jogging, swimming, dog-dog play or retrieving. A moderate energy level dog will need at least two walks daily, plus some play indoors or in a fenced yard. A couch potato dog will be happy with a couple of leisurely strolls or visits to a fenced yard daily.*

Please tell us of any other qualities you are looking for in your lab: \_\_\_\_\_

## REFERENCES

Please provide the names and phone numbers of two references. (Neighbors, vets, Lab Rescue volunteers, etc.)

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

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

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

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

How did you hear about Lab Rescue? \_\_\_\_\_

Additional comments or questions you may have at this point: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I represent that all the information on this form is true and correct to the best of my knowledge. I understand that any misrepresentation of fact may result in the removal of the adopted dog from my home by Lab Rescue.**

Please fill in the date(s) below. However, if you are submitting this application online by clicking on the "EMail Application" button below, you agree that clicking on that button will operate as your signature.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*Thank you for your interest in adopting a lab through Lab Rescue. Please press the Email Application button to submit your application online or fax or mail your application to the fax number or mailing address on the first page of this form. An Adoption Coordinator will contact you for your interview. Please allow two weeks for a reply to your faxed or mailed application. If you have not heard from us by then, please call the Lab Line or email us to see if we have received your application and assigned it to an Adoption Coordinator.*