



**One Dog at a Time Rescue  
Adoption Application**

P.O. Box 76, Warsaw, IN 46581-0076

[ODTR01@gmail.com](mailto:ODTR01@gmail.com)

*(Applicants must be 21 years of age or older.)*

Please fill out the application and email or mail to One Dog at a Time Rescue (ODTR). See above.

Name of Animal \_\_\_\_\_

PetSmart Meet and Greet Location \_\_\_\_\_ Date \_\_\_\_\_

ODTR recommends a fence, either traditional or electronic, for families with children under the age of ten (10) years. This is for the protection of both the children and the animal.

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home \_\_\_\_\_

Email Address \_\_\_\_\_ Cell \_\_\_\_\_

1. Rent  Own  How long at this address \_\_\_\_\_ Years \_\_\_\_\_ Months

Rental homes and apartments often have restrictions on pets. Please do not be offended. We are required to verify home ownership.

If renting, please provide the following information.

Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

2. Who else lives with you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

3. Has anyone living with you ever harmed an animal? Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Employment Information

Employed at \_\_\_\_\_

Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_



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5. List previous pets. Include their breed and what happened to them? (last 5 years only)

Pet 1 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No   
What Happened \_\_\_\_\_

Pet 2 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No   
What Happened \_\_\_\_\_

Pet 3 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No   
What Happened \_\_\_\_\_

Pet 4 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No   
What Happened \_\_\_\_\_

Pet 5 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No   
What Happened \_\_\_\_\_

6. List current pets.

Pet 1 Name \_\_\_\_\_ Current on Shots Yes  No   
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No

Pet 2 Name \_\_\_\_\_ Current on Shots Yes  No   
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No

Pet 3 Name \_\_\_\_\_ Current on Shots Yes  No   
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No

Pet 4 Name \_\_\_\_\_ Current on Shots Yes  No   
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No

Pet 5 Name \_\_\_\_\_ Current on Shots Yes  No   
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Spay/Neuter Yes  No



If you have more than 5 current pets, please specify what and how many and circumstances.

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7. Veterinary Information

Veterinarian Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*We will verify this information with your current vet. Your signature on this application gives us the authority to do so. Please contact him/her asking to give ODTR permission for them to answer questions regarding your pet owner status.*

In addition to your vet reference, please provide three references (preferably not related to you and not an ODTR representative).

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship to You \_\_\_\_\_

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship to You \_\_\_\_\_

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship to You \_\_\_\_\_

8. Is someone home during day? Yes  No

Where will the dog be during the day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will the dog be during the night? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. Fenced yard? Yes  No

If yes, what type of fence and how high? \_\_\_\_\_

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If No Fence, how will you confine your dog to your property? \_\_\_\_\_

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10. Describe your exercise plan for your dog? \_\_\_\_\_

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11. Describe plans for care of your dog while away. \_\_\_\_\_

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12. Are you willing to obtain a crate and crate train your dog? (Not required but highly recommended) Yes  No

13. Are you willing to have an ODTR representative visit your home (by appointment)?  
Yes  No

If possible, a home visit is required by ODTR. If a home visit is not possible due to distance or other circumstances, ODTR may contact another rescue group in your area for the home visit.

14. What behaviors would cause you to give up your dog? \_\_\_\_\_

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15. Describe the type dog that would fit best with your family. \_\_\_\_\_

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16. Comments: Please provide anything additional you would like to tell us about your family, your pets, or your lifestyle that would impact the care and affection given to this dog. \_\_\_\_\_

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### **Meet and Greet Description**

Once your adoption application has been approved and all references checked, a Meet and Greet will be scheduled, if distance is not a problem. This Meet and Greet will involve a home visit to your house with the foster parent, the animal, and an ODTR representative. The purpose of this Meet and Greet will be to see how your home would fit for the animal and to meet any pets that you already have along with all of your household members.

This Meet and Greet is NOT acceptance of your application for the specific animal that you have requested. There may be other potential adopters, or we may just not feel that this particular animal is right for you and your household. The dog WILL NOT be left at your home at the conclusion of this Meet and Greet.

Once all Meet and Greets for a specific animal is complete, a review of all acceptable homes will be conducted by the ODTR Adoption Coordinators and the proper home for the animal will be approved. You will be notified within seven (7) days after all Meet and Greets are completed as to our decision.

I understand the Meet and Greet process. \_\_\_\_\_ (initial)

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*Please initial each paragraph to confirm that you have read and understand.*

We would not knowingly place an animal with a serious health condition. It may not be known if a stray or previously owned animal has been exposed to an illness or has a hidden genetic disorder. Under these circumstances, we cannot guarantee the health of this pet. You may have veterinary expenses for basic concerns such as ear mites or intestinal parasites (worms). If your veterinarian determines a more extensive illness at initial examination, please return the pet for an adoption refund or let us help you find another pet. You may choose to keep the pet and additional costs incurred will be your responsibility. \_\_\_\_\_ (initial)

I understand, as previously explained, that you will be contacting my veterinarian for vaccination and health history of the pets that I currently own or have owned in the past. I release my veterinarian to provide that information to you. I am aware that if prior to placement of a pet from ODTR, my currently owned pets must be current on needed vaccines. To protect my animals at home, if they are not current, same species adoptions will require a waiting period for my own pets to gain immunities provided by the vaccines. \_\_\_\_\_ (initial)

The information I have given in this application is correct to the best of my knowledge. I understand that ODTR reserves the right to approve or reject this application. Applications are often approved pending current pet vaccinations, fence repairs, and landlord deposits. In fairness to the animals, the selected pet may be “held” overnight to allow for time to take care of these items. An individual animal will not be taken out of adoptable status and held for an extended period of time. \_\_\_\_\_ (initial)



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If any misrepresentations have been made, ODTR reserves the right to demand the immediate return of any adopted dog back to ODTR. \_\_\_\_\_ (initial)

ODTR reserves the right to refuse or deny any application for any reason. \_\_\_\_\_ (initial)

I have read and understand the Adoption Application of ODTR and agree to them.

\_\_\_\_\_  
Adopter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adopter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ODTR Representative

\_\_\_\_\_  
Date



For ODTR OFFICE USE ONLY:

Home Visit on \_\_\_\_\_

If no home visit, references and whether references were checked:

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

NOTES: \_\_\_\_\_

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

Follow-up Scheduled? Yes or No Date: \_\_\_\_\_

Approved or Not Approved

\_\_\_\_\_  
ODTR Representative

Date the Potential Adopter was Notified: \_\_\_\_\_

Would the Potential Adopter be interested in another animal from ODTR? Yes or No

Now or in the future?