



Pembroke Welsh Corgi Club of the Garden State RESCUE ADOPTION APPLICATION

Please complete the following information to assist our Rescue Committee in our efforts to select a suitable Pembroke Welsh Corgi for you and your family to adopt.

This information will be helpful in determining that a proposed adoption is in the best interests of both the rescue Corgi and you & your family. In answering these questions, feel free to attach additional pages if necessary.

Your application will be held in active status for one year from the date of application. After one year if you wish to remain on our active list of potential adoptive families, please contact us to communicate your continued interest. Also, if after you have submitted an application for a rescue adoption you either get another dog or decide that you no longer wish to adopt a Pembroke, the PWCCGS would appreciate it if you could let know so we can update our records.

ABOUT YOU

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone # with area code: _____ Best Time to Call: _____

Email Address: _____

Occupation(s): _____

How did you find out about us? _____

List all persons that live at this home, including ages and interests:

Name	Age	Interests
ADULTS		
CHILDREN		

Which persons in the household are interested in adopting a Pembroke? _____

Do you belong to any dog clubs? No Yes (If yes, please specify) _____

DESIRED PEMBROKE FEATURES

Age Range: _____ Sex: _____ Color: _____

Would you consider a senior dog (8 years or older)? _____

Would you consider more than one dog? _____

Would you consider a dog that has a physical problem that might be controlled or cured with the use of diet, drugs, or surgery? _____

Would you consider a dog that has an emotional problem (ex., separation anxiety, fear aggression) that might be controlled or cured with training, behavior modification, or the use of drugs?

Pick the 5 most important descriptions of what you are looking for in this new dog:

obedient playful easy going energetic athletic calm

outgoing quiet playful couch potato housetrained

good in car

good with kids affectionate for performance/agility/sports good with other dogs

walking/hiking companion eager to bond needs nurturing no issues with people

good on a leash

ABOUT YOUR HOME

What type of dwelling do you have?

Apt / Condo _____ Detached Home _____ Duplex _____ Farm _____ Mobile Home _____

Setting: Urban _____ Suburban _____ Rural _____ Do you: Rent _____ Own _____

If you rent your home, do you have permission from your landlord to have a dog? Yes
 No

(Please be able to provide an approval letter from your landlord.)

If a condo or townhouse, do restrictive covenants permit dogs? Yes No

Do you have a yard? Yes No If yes, is it fenced? Yes No

If not fenced, how do you plan to ensure that the dog receives safe and adequate exercise?

Are there children in the neighborhood, do children/grandchildren visit you, or do you plan to have children in the future? (Describe)

Are there other dogs in neighboring yards? _____ Yes _____ No

If yes, to the best of your ability, describe the personality of those animals _____

Are any household members allergic to dogs? _____ Yes _____ No

HOUSING AND CARING FOR THE ADOPTED DOG

How did you learn about Pembroke Corgis? _____

Please detail any experience you've had with Pembroke Corgis in the past. _____

Why are you interested in adopting a Pembroke? _____

Who would primarily be responsible for caring for the Pembroke? _____

Where will your dog spend the day? _____

Where will your dog spend the night? _____

Would there be people at home during the day? _____ Yes _____ No

Approximately how many hours per day would the dog be left alone? _____

Where would the dog eat? _____

How would the dog get play/exercise, and how much? _____

Do you plan to enroll your dog in a training/obedience class? _____ If so, where? _____

Have you trained a dog before? _____

When you go on vacation, what would be the arrangement to care for your pet(s)? _____

Even if the Pembroke had been previously housebroken, you should expect that it would not be housebroken, at first, in a new home. This may be temporary or it may require retraining. How would you deal with this issue?

Dogs may become destructive when left alone, but there are ways to train them not to chew or mess in the house when left alone. How would you deal with this?

Would you be willing to confine a dog to a crate for certain periods during the 1st few weeks or months after it arrives in your home? _____

Pembrokes shed **heavily** about 2 times per year: combing, grooming, nail care is required. How are you prepared to deal with the grooming needs of the dog? _____

The Pembroke may not initially get along with any other pet that you may now own or in the future.

How would you handle this situation should it arise?

The Pembroke will need vaccinations, heartworm medication, and regular veterinary care. It may become ill and require costly medical treatment. Are you willing and able to provide this care if needed? _____

OTHER PETS

Do you currently have other pets in the home? _____ Yes _____ No

If so list all:

Type (dog, cat, bird, etc.)	Breed (if known)	Describe Personality	Age	Sex (M or F)	Neutered ? (Y or N)	Vaccinations Up to Date? (Y or N)
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How do these pets behave with dogs, and if they are dogs, how do they behave with strange or new dogs?

Have you owned any other dogs before? _____ No _____ Yes If yes, please describe how long you had them, and what happened to them: _____

What experience have you had around dogs in general? _____

Have any of your present or previous pets been adopted from an animal shelter or rescue organization?

_____ No _____ Yes If yes, how many? _____

What reason, if any, would cause you to give up a family pet? _____

REFERENCES

Please list the name and contact information for 2 references who can speak to your fitness as a pet owner in general, and more specifically, as the owner of a rescue dog. If you currently own or have in the last five years owned a pet, please include your veterinarian as one of the references.

Reference 1:

Relationship to you: _____ Veterinarian Other (Specify) _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip _____

Home Phone # With area code: _____ Best time to call: _____

Reference 2:

Relationship to you: _____ Veterinarian Other (Specify) _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone # with area code: _____ Best time to call: _____

THANK YOU! for the time you have taken to complete this application.

Please return the application by email (preferred) or by USPS to:

Carol Wyatt
513 Dotters Corner Road
Kunkletown, PA 18058
carol@wyattmail.com
fax 866 576 3912