



**ENCHANTMENT CHIHUAHUA  
RESCUE, LTD**

**ADOPTION/FOSTER APPLICATION  
P.O. Box 93815, Albuquerque, NM 87199-3815 (505) 292-7078**

Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone (home/work): \_\_\_\_\_

E-mail: \_\_\_\_\_

What dog or dogs are you currently interested in? \_\_\_\_\_

Why do you want to adopt a pet?

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

What do you think are the most important responsibilities in owning a pet? \_\_\_\_\_

\_\_\_\_\_

For whom are you adopting the pet? \_\_\_\_\_

Does everyone in your household know that you are applying for adoption of a pet? \_\_\_\_\_

Does everyone in your household want a new pet? \_\_\_\_\_

Does anyone in your household have allergies to animal hair or dander? \_\_\_\_\_

Have you ever owned a pet before? \_\_\_\_\_

Describe any pets you currently own (type, age, sex, altered status) \_\_\_\_\_

\_\_\_\_\_

Describe any pets that are no longer with you (type, sex,): \_\_\_\_\_

Why do you no longer have those pets?: \_\_\_\_\_

Please list the names and ages of the people who reside with you: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Name, address and phone number of the veterinarian you used for current/previous pets:

\_\_\_\_\_

Who will be responsible for feeding, housebreaking & training?: \_\_\_\_\_

Do you rent or own your residence?: \_\_\_\_\_

Please provide name, address and phone of your landlord, if you rent: \_\_\_\_\_

Describe the size and type of fencing and yard area: \_\_\_\_\_

Where will the dog stay during the day?: \_\_\_\_\_

How much time will the dog be outside?: \_\_\_\_\_

How much time will the dog spend alone every day?: \_\_\_\_\_

Where will the dog be when the adult family members are on vacation?: \_\_\_\_\_

Where will your pet sleep every night? \_\_\_\_\_

What do you plan to feed your pet? \_\_\_\_\_

Please describe your housebreaking routine: \_\_\_\_\_

Do you agree to keep ID on the dog at all times? \_\_\_\_\_

Do you agree to return the dog to Enchantment Chihuahua Rescue if you can no longer keep it?  
Y / N

Do you agree to allow Enchantment Chihuahua Rescue to check the home prior to and after  
adopting? Y / N

Please list at least two references, other than your veterinarian:

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

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

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

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

I represent that the information I have provided on this form is the truth to the best of my knowledge and belief. I give permission to ECR to call references, contact my vet and contact my landlord, if applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_