



**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? _____

W h y d o y o u w a n t t o a d o p t a p e t ?

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: _____