

## TAFFY'S LEGACY CANINE RESCUE & REHABILITATION

### Adoption Process

**\*\*PLEASE TAKE TIME TO READ AND UNDERSTAND THE ADOPTION PROCESS BEFORE PROCEEDING WITH FILLING OUT YOUR APPLICATION. THE ENTIRE PROCESS GENERALLY TAKES 4-6 WEEKS FROM RECEIVING THE APPLICATION TO APPROVAL. WE ARE 100% VOLUNTEER RUN AND PROCESS APPLICATIONS AS QUICKLY AS POSSIBLE. THANK YOU IN ADVANCE FOR YOUR PATIENCE\*\***

***Our process is as follows:***

|   |   |
|---|---|
| <b>Step 1.</b>  | <b>Fill Out Adoption Application</b>                                    |
| You can find our adoption application in three places: <a href="#">our website</a> , our Facebook page, and by sending an email to <a href="mailto:taffyslegacy@gmail.com">taffyslegacy@gmail.com</a> . Please be as thorough as possible when filling out the application so we can make sure we find the best possible match for you! If you are interested in a specific dog, please indicate this on the application. |   |
| <b>Step 2.</b>  | <b>Application Review</b>   |
| We will screen your application to make sure all necessary information was provided. If not you will be contacted to provide clarification.   |   |
| <b>Step 3.</b>  | <b>Landlord Approval (<i>if applicable</i>)</b>                         |
| If you rent your home, your landlord will be contacted to make sure you have approval to have a dog in your home. We understand that a landlord is not allowed to stop a tenant from owning a pet (in the majority of situations), but we want to ensure that the dog is going to a welcoming environment.  |   |
| <b>Step 4.</b>  | <b>Veterinary Reference Check (<i>for CURRENT and PAST animals</i>)</b> |
| TLC volunteer will contact the veterinary reference you provided. We do this to ensure all current animals are up to date on vaccinations, as well as neutered or spayed. If you currently do not have any pets, we will ask about the veterinary care that your previous pets received.<br><br><i>*PLEASE CALL YOUR VET AND ASK THEM TO PUT A NOTE ON YOUR FILE TO RELEASE INFORMATION TO TLC*</i>                       |   |
| <b>Step 5.</b>  | <b>Personal Reference Check</b>   |

A TLC volunteer will contact your personal references and ask them questions about you and your interactions with animals. If there are any concerns or questions after speaking to your references, we will contact you.

#### **Step 6. Home Visit**

The Home Visit is very informal. We will do a walkthrough of your house and backyard. We are checking to make sure our dog will be going to a safe environment. **ALL** family members need to be in attendance so that we can get a better idea of your collective needs so we can match you with the perfect dog.

If our volunteer has any concerns or suggestions, they will discuss it with you. The Core Team makes the decision regarding approval for adoption, so the volunteer visiting your home cannot give you any information in that regard.

#### **Step 7. Meet and Greet** *\*\*Adoption will **NOT** occur at the Meet and Greet\*\**

Once the process is successfully completed our Adoption Coordinator will let you know you are an **Approved Adopter**. At this point, you will be able to request meet and greets with available dogs (pending availability and compatibility).

We are a foster-based rescue, meaning our dogs are all living in a home (as opposed to a shelter) environment. As you can imagine, our foster homes put a lot of time and energy into providing a stable environment for our dogs. We **DO NOT** arrange meetings until you have been approved. We will connect you with the foster parent to schedule a time to meet the dog(s) you are interested in. All applicants are required to **meet the dog at the foster home**.

Please note that we **do not guarantee a specific dog**. We often receive multiple applications for one dog and will process them simultaneously, and may allow multiple meetings to find the perfect fit for the dog.

#### **Step 8. Adoption Finalization**

After you have a meet and greet, the Core Team will contact both you and the foster home to decide if we will be proceeding with adoption. If the decision is to follow through with adoption, the contract will be emailed to you. Once we have received the **signed contract and fee (via Etransfer)** we will notify the foster family and you will be able to pick up your newest addition. **Veterinary records and microchip** information will be mailed in the weeks following adoption.

# TAFFY'S LEGACY CANINE RESCUE & REHABILITATION

## Adoption Application

*\*\*Thank you for taking interest in one of our adoptable dogs, and taking the time to thoroughly fill out your information to our questions. This information will help us **match you with the best possible dog for your personal lifestyle**\*\**

*The Adoption Process is something TLC takes very seriously. We want to be sure that each dog is matched with his or her perfect furever family. Our adoption fees vary according to the age and weight of the dog and are direct reflections of the costs our rescue incurs to properly vet the adoptable dogs to make sure they are safe, healthy, and ready for adoption.*

**For dogs >8 months that are 1 - 84lbs, our adoption fee is \$500.**  
**Puppies <8 months & dogs that are 85lbs+ have an adoption fee of \$600**  
*given the extra costs associated with the spay/neuter surgery.*

*Costs such as spay/neuter surgery, vaccinations, microchip, heartworm testing and other necessary veterinary treatment expenses add up quickly. In many cases, this adoption fee does not cover our costs. **Adoption fees are non-negotiable.***

|                       |  |                     |  |
|-----------------------|--|---------------------|--|
| <b>FULL NAME:</b>     |  | <b>AGE:</b>         |  |
| <b>SPOUSE:</b>        |  | <b>AGE:</b>         |  |
| <b>TELEPHONE #:</b>   |  |                     |  |
| <b>CELLPHONE #:</b>   |  |                     |  |
| <b>EMAIL ADDRESS:</b> |  |                     |  |
| <b>Address:</b>       |  | <b>City:</b>        |  |
| <b>Province:</b>      |  | <b>Postal Code:</b> |  |

### GENERAL INFORMATION/QUESTIONS

|  |   |                                   |                                |
|--|---|-----------------------------------|--------------------------------|
| Which dog(s) are you interested in?  |   |                                   |                                |
| If the dog(s) you are interested in become unavailable, are you interested in your application being processed as an approved adopter? | <input type="checkbox"/> Yes            | <input type="checkbox"/> No       |                                |
| Is the area in which you live?   | <input type="checkbox"/> Urban          | <input type="checkbox"/> Suburban | <input type="checkbox"/> Rural |
| Are you 21 years of age?   | <input type="checkbox"/> 21y or Younger |                                   | <input type="checkbox"/> 21+   |

|  |                                |                                     |                                    |                                 |
|--|--------------------------------|-------------------------------------|------------------------------------|---------------------------------|
| Do you presently live in a:  | <input type="checkbox"/> House | <input type="checkbox"/> Town house | <input type="checkbox"/> Apartment | <input type="checkbox"/> Other: |
| Please indicate which best represents your living situation (rent, own): |                                |                                     | <input type="checkbox"/> Rent      | <input type="checkbox"/> Own    |
| If you rent*, do you have your Landlord's permission to adopt a dog?     |                                |                                     |                                    |                                 |
| Landlord's Name:   |                                |                                     |                                    |                                 |
| Landlord's Telephone #:  |                                |                                     |                                    |                                 |

*\*We require written consent stating that you are permitted to have a dog on the premises. Please include this consent with your completed application\**

|  |                                       |  |   |                                 |
|--|---------------------------------------|--|---|---------------------------------|
| If you own your residence, what is the name that appears as the owner on public records? |                                       |  |   |                                 |
| How long have you lived at this address?   |                                       |  |   |                                 |
| If less than two years, please list your previous address:                               |                                       |  |   |                                 |
| For whom are you adopting this dog?  | <input type="checkbox"/> Companion    | <input type="checkbox"/> Gift          | <input type="checkbox"/> Child(ren)     | <input type="checkbox"/> Other: |
| Why do you wish to adopt this dog?   |                                       |  |   |                                 |
| What made you choose this breed?   |                                       |  |   |                                 |
| Have you ever relinquished or re-homed an animal to a shelter, rescue or friend?         |                                       |  |   |                                 |
| If yes, when?  |                                       | If yes, why?                           |   |                                 |
| What is your experience with dogs?   |                                       |  |   |                                 |
| If this will be your first dog of this breed, what research have you done to prepare?    |                                       |  |   |                                 |
| At your residence, is someone?   | <input type="checkbox"/> Home all day | <input type="checkbox"/> Out part time | <input type="checkbox"/> Out 7-10 hours |                                 |
| Where will the dog sleep at night?   |                                       |  |   |                                 |
| When you are home, the dog will be:  | <input type="checkbox"/> In the yard  | <input type="checkbox"/> In the house  | <input type="checkbox"/> Other:         |                                 |
| While away from home, the dog will be:   | <input type="checkbox"/> In the yard  | <input type="checkbox"/> In a crate    | <input type="checkbox"/> In the house   | <input type="checkbox"/> Other: |

|  |  |   |  |  |
|--|--|---|--|--|
| How do you plan to keep the dog on your property when he/she is outside?   | <input type="checkbox"/> Fenced yard             |   | <input type="checkbox"/> On leash              |  |
|  | <input type="checkbox"/> Fenced Run/Pen          |   | <input type="checkbox"/> Invisible Fence       |  |
|  | <input type="checkbox"/> Other:                  |   |  |  |
| If fenced, how high is the fence at its shortest point?  |  |   |  |  |
| If fenced, how high is the gate at its shortest point?   |  |   |  |  |
| If you intend to leave the dog outside unattended while you are home (TLC will not accept animals to be left outside while no one is home), what type of shelter will be provided? |  |   |  |  |
| What is your household activity level?   | <input type="checkbox"/> Quiet                   | <input type="checkbox"/> Some Activity        | <input type="checkbox"/> Very Busy             |  |
| How would you describe the amount of visitors/guests at your residence? Check all that apply:  |  |   |  |  |
| <input type="checkbox"/> Few Visitors/Guests   | <input type="checkbox"/> Many Visitors/Guests    |   | <input type="checkbox"/> Adult Visitors/Guests |  |
| <input type="checkbox"/> Child Visitors/Guests   | <input type="checkbox"/> Teenage Visitors/Guests |   | <input type="checkbox"/> City Personnel Home   |  |
| How will you exercise the dog?   |  |   |  |  |
| What is your plan for babysitting?   | <input type="checkbox"/> Kennel                  | <input type="checkbox"/> Paid in-home service | <input type="checkbox"/> Friend/Family         |  |
| Who is your babysitter?  |  |   |  |  |
| What is your plan for training?  |  |   |  |  |
| Are you willing to take your rescue dog for training (obedience or behaviour modification)?  |  |   |  |  |
| If applicable, what trainers are you researching/looking into?   |  |   |  |  |
| Do you have consent from all household members to have this dog?   |  |   |  |  |
| Please list the names, ages and relationships of all people at your residence:   |  |   |  |  |
| 1. Name:   | Age:   | Relationship:                                 |  |  |
| 2. Name:   | Age:   | Relationship:                                 |  |  |
| 3. Name:   | Age:   | Relationship:                                 |  |  |
| 4. Name:   | Age:   | Relationship:                                 |  |  |
| 5. Name:   | Age:   | Relationship:                                 |  |  |

|  |                                 |  |   |   |
|--|---------------------------------|--|---|---|
| During this dog's lifetime, which of the following reasons may prompt you to give this dog back to us? (Check all that apply):             |                                 |  |   |   |
| <input type="checkbox"/> Digging   | <input type="checkbox"/> Moving | <input type="checkbox"/> Health Problems (you)                                   |   | <input type="checkbox"/> Health Problems (dog)  |
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Biting | <input type="checkbox"/> Jumping on people                                       | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Destructive chewing    |
| <input type="checkbox"/> New Spouse/Partner  |                                 | <input type="checkbox"/> Aggressive with your other pets                         |   | <input type="checkbox"/> Death of family member |
| <input type="checkbox"/> Aggressive with people/kids   |                                 | <input type="checkbox"/> Aggressive with other people's dogs                     |   | <input type="checkbox"/> Shedding               |
| <input type="checkbox"/> Landlord revokes permission   |                                 | <input type="checkbox"/> No longer have time for the dog                         |   | <input type="checkbox"/> Barking                |
| <input type="checkbox"/> Stranger danger   |                                 | <input type="checkbox"/> Have trouble finding a residence that allows dogs       |   | <input type="checkbox"/> Runs away/escapes yard |
| <input type="checkbox"/> Leash reactive  |                                 | <input type="checkbox"/> Dog requires more exercise than you are able to provide |   | <input type="checkbox"/> Separation anxiety     |
| <input type="checkbox"/> Dog doesn't listen  |                                 | <input type="checkbox"/> Accidents in the house                                  |   | <input type="checkbox"/> Resource guarding      |
| <input type="checkbox"/> Anxiety (you or dog)  |                                 | <input type="checkbox"/> Resident pet doesn't like new dog (or vice versa)       |   | <input type="checkbox"/> Counter surfing        |
| <input type="checkbox"/> None of these reasons would prompt me to give this dog back to TLC  |                                 |  |   |   |
| Other, please specify:   |                                 |  |   |   |
| Are you committed to taking care of your pet emotionally and financially for the rest of his/her life, which could be upwards of 20 years? |                                 |  |   |   |
| In the event that something happens to you, what plan do you have in place for your pets?  |                                 |  |   |   |

| VET REFERENCE & OTHER PET INFORMATION                          |                                      |                                 |                                |                                    |
|--|--------------------------------------|---------------------------------|--------------------------------|------------------------------------|
| <b>Vet Clinic:</b>   |                                      |                                 |                                |                                    |
| <b>Doctor's Name:</b>  |                                      |                                 |                                |                                    |
| <b>Telephone Number:</b>                                       |                                      |                                 |                                |                                    |
| Can we contact your vet to conduct a reference check?          |                                      |                                 | <input type="checkbox"/> Yes   | <input type="checkbox"/> No        |
| Please list any animals that currently live at your residence: |                                      |                                 |                                |                                    |
| 1. Species:  | Name:                                | Breed:                          | Age:                           |                                    |
| Sex: M <input type="checkbox"/> or F <input type="checkbox"/>  | <input type="checkbox"/> Spay/Neuter | <input type="checkbox"/> Rabies | <input type="checkbox"/> DHLPP | <input type="checkbox"/> Heartworm |
| 2. Species:  | Name:                                | Breed:                          | Age:                           |                                    |

|  |  |                                      |                                |                                    |
|--|--|--------------------------------------|--------------------------------|------------------------------------|
| Sex: M <input type="checkbox"/> or F <input type="checkbox"/>  | <input type="checkbox"/> Spay/<br>Neuter | <input type="checkbox"/> Rabies      | <input type="checkbox"/> DHLPP | <input type="checkbox"/> Heartworm |
| 3. Species:  | Name:                                    |                                      | Breed:                         | Age:                               |
| Sex: M <input type="checkbox"/> or F <input type="checkbox"/>  | <input type="checkbox"/> Spay/<br>Neuter | <input type="checkbox"/> Rabies      | <input type="checkbox"/> DHLPP | <input type="checkbox"/> Heartworm |
| Please list any dogs you have owned in the past 10 years:  |  |                                      |                                |                                    |
| 1. Name:   | Age:                                     | <input type="checkbox"/> Spay/Neuter |                                |                                    |
| What happened to this dog?   |  |                                      |                                |                                    |
| 2. Name:   | Age:                                     | <input type="checkbox"/> Spay/Neuter |                                |                                    |
| What happened to this dog?   |  |                                      |                                |                                    |
| 3. Name:   | Age:                                     | <input type="checkbox"/> Spay/Neuter |                                |                                    |
| What happened to this dog?   |  |                                      |                                |                                    |
| 4. Name:   | Age:                                     | <input type="checkbox"/> Spay/Neuter |                                |                                    |
| What happened to this dog?   |  |                                      |                                |                                    |
| Name that animals are under at the vet's office (pet's name and owner's name).<br>If applicable, provide the approximate date of current pet's last visit: |  |                                      |                                |                                    |
|  |  |                                      |                                |                                    |
| What is your philosophy on veterinary care and pet insurance? Will you provide annual checkups and vaccinations?   |  |                                      |                                |                                    |
|  |  |                                      |                                |                                    |

*\*Please inform your references that we will be calling and prompt them to call us back immediately to ensure your application is processed in a timely manner. Please also call ahead to your vet to allow them to release information for a reference check.\**

| PERSONAL REFERENCES        |    |    |    |
|----------------------------|----|----|----|
|                            | #1 | #2 | #3 |
| References' Names:         |    |    |    |
| Relationship to Applicant: |    |    |    |
| Phone Numbers:             |    |    |    |

| CONCLUSION  |  |
|---|--|
| How did you hear about Taffy's Legacy Canine Rescue & Rehabilitation?   |  |
| List Humane Societies, Animal Welfare Organizations, Breed or Training Clubs you are or have been associated with:  |  |
| Comments or Questions?  |  |
| Please feel free to include any information that you feel we should know about you, your family, and your experience with pets. Also include any concerns or questions you may have regarding adopting from our organization: |  |
|   |  |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| If you are unable to keep the dog in your family at any point in its life, do you promise to return him/her to us and <b>AGREE NOT TO PLACE THE DOG IN SHELTER:</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you have a home that you feel is just perfect for your dog to be re-homed in, are you willing to notify us to <b>allow a screening of the new potential home</b> /to work with you to make the transition easy for your dog? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If we feel the home is not right for your dog, are you willing to then <b>return the dog to us</b> instead?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to be put on an email distribution list for <b>urgent dogs needing foster homes</b> ?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently in the process of adopting through another agency?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

By submitting the above application, **I certify that the information I have provided is complete and accurate** and that I give my permission to you to contact my landlord (if applicable), references and my current and/or previous veterinarians.

**NOTE:** All information provided to TLC will be kept strictly confidential and will only apply to your adoption application.

*\*\* Please understand that this form is done to try to match a dog to your home in a way that will ensure another rescued dog will find its forever home and you will have a companion dog for the rest of its life span; one that you will enjoy. A home visit with the dog you are interested in adopting is mandatory and part of the adoption process. \*\**