

4. Are there children presently living in your home? YES NO
If yes, please list name and age of each child:

Have they been around dogs before and if so, how are they with dogs?

If no, do you plan on having children in the future? YES NO

COMPLETE FOR ADOPTING OR FOSTERING:

1. Do you own your home? YES NO
If no, does your lease allow pets? YES NO
Please provide us with a copy of your lease (or have your landlord sign a written statement with contact information allowing you to adopt or foster a dog).
2. Do you have a fenced yard? YES NO
If yes, what type of fence? Chain Link Wood Vinyl Other: _____
How high is the fence?
3. How many hours will the dog be alone during the day?
4. Where will the dog be kept while you are away?
5. Why do you want to foster or adopt a dog from us?
6. Are there any dogs on our website that you are interested in?
7. What are the characteristics you are looking for in a dog?
8. Have you considered all of the ramifications of bringing a dog into your home for the rest of its life, through illnesses and old age? YES NO
9. Would you consider adopting a dog with special needs – one that is required to have medication or special training? YES NO
10. How far are you willing to travel to see a dog you are considering to adopt?

COMPLETE ONLY IF WANTING TO FOSTER:

1. Have you ever fostered a dog before? YES NO
If yes, when did you foster a dog, for how long and what was its breed?
2. Is there a limit to the length of time you can keep the dog until it gets adopted? YES NO
If so, how long can you keep the dog?
Why is there a limit?
3. Do you have any experience with special needs dogs or dogs that require medication on a regular basis? (Those with chronic health or behavior issues, such as allergies or separation anxiety) YES NO
If yes, please explain:
4. If you foster, you may have the first choice to permanently adopt this dog. However, you would be required to go through the adoption process (including fees) that any other adopter goes through. Would you be willing to do this? YES NO
5. Are you willing to bring the dog to the adoption days at pet stores? YES NO

COMPLETE ONLY IF WANTING TO VOLUNTEER:

1. Have you ever done rescue work before? YES NO
If yes, list what organizations and duties:

2. Do you have any experience in the following dog-related areas (check all that apply):

<input type="checkbox"/> Dog breeding	<input type="checkbox"/> Dog training
<input type="checkbox"/> Dog grooming	<input type="checkbox"/> Vet assistant
<input type="checkbox"/> Kennel assistant	<input type="checkbox"/> Pet store
<input type="checkbox"/> Animal rescue	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Other: _____	

If any of the above are checked, briefly describe your experience with each:

3. Do you have any experience with any of the following volunteer-related areas of work?

<input type="checkbox"/> Fundraising	<input type="checkbox"/> Event planning
<input type="checkbox"/> Public relations	<input type="checkbox"/> Administrative
<input type="checkbox"/> Web design	<input type="checkbox"/> Newsletters

4. What types of volunteer work are you interested in doing with Brookline?

- Administrative (assist with mailings, email or fax communications, etc.)
- Answer phone inquiries
- Public relations (newsletters, help at events, distribute brochures and information, etc.)
- Transport help (transport dogs, transport event supplies)
- Train to do home visits for potential adopters
- Train to do owner surrender dog evaluations
- Train to do shelter dog evaluations
- Other: _____

5. Briefly describe why you are interested in volunteering with Brookline:

REFERENCES (EVERYONE COMPLETE)

1. Veterinarian Information:
Name:
Street Address:
City, State, Zip:
Phone Number:

Please call your vet and give consent to release medical information to Brookline Lab Rescue Representative

2. Other references (please provide two personal references or three if you do not have a vet reference):

Personal #1:

Name:
Address:
City, State, Zip:
Phone:
Email address:
Best time to contact:

Personal #2:

Name:
Address:
City, State, Zip:
Phone:
Email address:
Best time to contact:

Personal #3 (only if no vet reference):

Name:
Address:
City, State, Zip:
Phone:
Email address:
Best time to contact:

3. How did you learn about Brookline Lab Rescue?

- | | |
|---|--|
| <input type="checkbox"/> Adoption event | <input type="checkbox"/> Animal Shelter : _____ |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Brookline Lab Rescue Web Site |
| <input type="checkbox"/> Petfinder.com | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Brookline Adopter | <input type="checkbox"/> Other: _____ |

4. Please list any other questions or comments that you would like us to know about your application:

AUTHORIZATION

I (we) attest that the information provided is true and accurate to the best of my (our) knowledge. I (We) understand that completion and submission of this application does not guarantee adoption of a dog from Brookline Lab Rescue. I (We) have read over the requirements for adoption on the Brookline web site (www.brooklinelabrescue.org) and agree to their stated terms of adoption (including the home visit prior to approval). I (We) permit Brookline to contact our veterinarian and personal references.

- I (We) agree
- I (We) do not agree

**Please mail completed application and a check/money order for \$15 payable to “Brookline Lab Rescue” to:
Brookline Labrador Retriever Rescue
P.O. Box 638
Warrington, PA 18976-0638**

Thank you for submitting an application to Brookline Labrador Retriever Rescue. A volunteer will be contacting you within 10 days of the date of receipt of your application to schedule your home visit.