

Night Sky Rescue

Adoption Interest Form

Thank you for your interest in adopting through Night Sky Rescue. Our goal is to create successful, lifelong matches between dogs and adopters. This form helps us better understand your lifestyle, experience, expectations, and the type of dog that would be the best fit for your home.

Please answer honestly and thoroughly. There are no “right” or “wrong” answers.

Applicant Information

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Age (18+ required): _____

Occupation: _____

Household Information

1. What type of home do you live in?

- House
- Apartment
- Condo/Townhome
- Mobile Home
- Other: _____

2. Do you:

- Own your home
- Rent your home
- Live with family/friends

If renting, does your landlord allow dogs?

- Yes

- No
- Unsure

Are there breed, size, or weight restrictions?

- Yes
- No

Please explain: _____

3. How many people live in the home?

Adults: _____

Children: _____

4. Ages of children in the home:

5. Does everyone in the household agree on adopting a dog?

- Yes
- No

Current & Previous Pets

6. Do you currently have other pets?

- Yes
- No

If yes, please list:

- Type/Breed:
- Age:
- Sex:
- Spayed/Neutered?
- Personality/Energy Level:

7. Have your current pets lived with other animals before?

- Yes
- No

Please explain their behavior around other animals:

8. Have you owned dogs before?

- Yes
- No

9. Would you consider yourself:

- Beginner dog owner
- Some experience
- Experienced owner
- Very experienced with behavior/training

10. Have you ever owned a dog with behavioral challenges?

- Yes
- No

If yes, what type of behaviors?

- Fearful/shy behavior
- Reactivity toward dogs
- Reactivity toward people
- Resource guarding
- Separation anxiety
- Leash reactivity
- Escape behaviors
- High prey drive
- Bite history
- Destructive behaviors
- Barrier frustration
- Other: _____

Please explain your experience managing these behaviors:

Lifestyle & Daily Routine

11. How many hours per day would the dog typically be alone?

- 0–2 hours
- 3–5 hours

- 6–8 hours
- 8+ hours

12. Where will the dog stay when left alone?

- Inside home
- Crate
- Yard
- Garage
- Separate room
- Other: _____

13. Where will the dog sleep at night?

- Inside bedroom
- Inside home
- Crate
- Outside
- Other: _____

14. What activities do you plan to do with your dog?

- Walks/hiking
- Beach outings
- Dog-friendly restaurants/stores
- Dog parks
- Travel/adventures
- Running/jogging
- Training classes
- Sports/agility
- Emotional support/companionship
- Mostly relaxed home life
- Camping
- Day trips
- Other: _____

15. How active is your lifestyle?

- Very active
- Moderately active
- Balanced
- Mostly relaxed/homebody

What Are You Looking For In a Dog?

16. Please check all traits you are interested in:

Personality

- Social/friendly with everyone
- Loyal/bonded to owner
- Independent
- Affectionate/cuddly
- Goofy/playful
- Calm/mellow
- Confident
- Quiet
- Protective/watchdog type
- Velcro dog
- Sensitive/gentle

Energy Level

- High energy
- Medium energy
- Low energy
- Adventure buddy
- Couch companion

Training & Behavior

- Already trained
- Open to training needs
- Open to shy/fearful dogs
- Open to medical needs
- Open to behavioral rehabilitation
- Good with dogs
- Good with cats
- Good with children
- Easygoing in public
- Enjoys outings/social settings
- Comfortable staying home more often

Size Preference

- Small
- Medium
- Large

- Giant breed
- No preference

Age Preference

- Puppy
- Young adult
- Adult
- Senior
- No preference

17. What behaviors would you be comfortable working through or managing?

- Pulling on leash
- Basic obedience/training needs
- Fearfulness/shyness
- Dog reactivity
- Stranger danger
- Separation anxiety
- Jumping/mouthiness
- Muzzle conditioning
- Crate training
- Medical management
- High energy behaviors
- Resource guarding
- Other: _____

18. What behaviors would NOT be a good fit for your household?

- Dog aggression
- Human reactivity
- Stranger danger
- High prey drive
- Separation anxiety
- Excessive barking
- Escaping/fence climbing
- Medical needs
- High energy
- Resource guarding
- Fearful behavior
- Bite history
- Other: _____

19. Describe your ideal dog:

Training & Veterinary Care

20. Are you willing to continue training after adoption?

- Yes
- No

21. Are you open to using positive reinforcement training methods?

- Yes
- No

22. Would you be willing to work with a trainer if recommended?

- Yes
- No

23. Are you financially prepared for:

Veterinary Care

- Yes
- No

Emergency Medical Expenses

- Yes
- No

Training/Behavior Support

- Yes
- No

Safety & Environment

24. Do you have a fenced yard?

- Yes
- No

If yes:

- Fence height: _____
- Fence type: _____

25. How will you exercise your dog?

26. How will you help your dog mentally decompress and reduce stress?

- Enrichment toys
- Training games
- Scent work
- Structured walks
- Calm decompression time
- Social outings
- Other: _____

Expectations & Commitment

27. What would cause you to return a dog?

28. If your dog developed behavioral issues after adoption, what would you do?

29. Are you committed to giving a new dog time to decompress and adjust?

- Yes
- No

30. Are you comfortable following management plans if needed?

(Examples: muzzle training, slow introductions, structured routines, avoiding dog parks, visitor management)

- Yes
- No

31. Have you ever surrendered or rehomed a pet before?

Yes

No

If yes, please explain:

Additional Information

32. Is there anything else you would like us to know?

Acknowledgment

I understand that Night Sky Rescue is committed to making safe and appropriate matches for both dogs and adopters. Completing this form does not guarantee adoption approval.

Signature: _____

Date: _____