

Night Sky Rescue

Dog Adoption Application

Thank you for your interest in adopting through Night Sky Rescue. Our goal is to place each dog in the safest, most appropriate, and most successful home possible. Please answer all questions honestly and thoroughly. Completing this application does not guarantee adoption.

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Occupation: _____

Employer: _____

Best way to contact you:

- Phone
- Text
- Email

HOUSEHOLD INFORMATION

What type of home do you live in?

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

Do you:

- Own
- Rent

If renting:

Landlord/Property Management Name: _____

Phone Number: _____

Are dogs allowed? Yes No

Breed or weight restrictions? _____

HOUSEHOLD MEMBERS

How many adults live in the home? _____

How many children live in the home? _____

Please list ages of children: _____

Does everyone in the household agree to adopting a dog?

- Yes
- No

Does anyone in the household have allergies to animals?

- Yes
- No

If yes, explain: _____

PET HISTORY

Do you currently own pets?

- Yes
- No

If yes, please list:

Pet Name	Species/Breed	Age	Spayed/Neutered?

Have you owned dogs before?

- Yes
- No

Have you ever owned a dog with behavioral challenges?

- Yes
- No

If yes, please explain the behaviors and your experience managing them:

LIFESTYLE & MATCHING QUESTIONS

What type of dog are you looking for?

(Check all that apply)

- Puppy
- Adult
- Senior
- Small
- Medium
- Large
- High Energy
- Moderate Energy
- Low Energy
- Dog Social
- Independent
- Affectionate
- Adventure Companion
- Couch Potato
- Working/Training Dog
- Family Dog
- Special Needs Dog
- Behavior Rehab Dog

What behaviors are you NOT comfortable working with?

(Check all that apply)

- Jumping
- Mouthiness
- Pulling on leash
- Barking
- Separation anxiety
- Reactivity
- Stranger danger
- Resource guarding
- Dog selectivity
- Fearfulness
- Medical needs
- High prey drive
- Other: _____

Why are you interested in adopting a dog?

Describe your ideal dog:

DAILY CARE & ROUTINE

Approximately how many hours per day will the dog be left alone?

- 0–2 hours
- 2–4 hours
- 4–6 hours
- 6–8 hours
- 8+ hours

Where will the dog stay when left alone?

- Indoors free roam
- Crate
- Yard
- Separate room
- Other: _____

Where will the dog sleep?

- Indoors
- Outdoors
- Crate
- Bed with owner
- Other: _____

How do you plan to exercise and enrich your dog?

(Check all that apply)

- Walks
- Hiking
- Playtime
- Training sessions
- Puzzle toys
- Day trips
- Doggy daycare
- Sports/activities
- Other: _____

TRAINING & MANAGEMENT

Are you willing to continue training and follow behavior guidance from Night Sky Rescue?

- Yes
- No

Are you willing to use positive reinforcement–based training methods?

- Yes
- No

Are you comfortable using management tools if needed?

(Check all that apply)

- Crate
- Baby gates
- Long line
- Muzzle
- Slow introductions

- Structured decompression
- Separate feeding
- None

VETERINARY CARE

Current Veterinarian (if applicable):

Clinic Name: _____

Phone Number: _____

Are you financially prepared for routine and emergency veterinary care?

- Yes
- No

REFERENCES

Personal Reference #1

Name: _____

Relationship: _____

Phone Number: _____

Personal Reference #2

Name: _____

Relationship: _____

Phone Number: _____

AGREEMENT

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that Night Sky Rescue reserves the right to deny any application if it is not the right fit for the dog.

I understand that some rescue dogs may require ongoing training, management, decompression,

medical care, or behavioral support.

I agree to provide proper care, housing, training, veterinary care, and humane treatment for any adopted dog.

Applicant Signature: _____

Date: _____

FOR RESCUE USE ONLY

Application Reviewed By: _____

Date: _____

Approved

Denied

Pending

Notes: