

Animal Protection Coalition, Inc.

10474 West 800 South

Owensville, IN 47665

Tel: (812) 729-7111

www.animalprotectioncoalition.org

Canine Adoption and/or Foster Application

Applicant Information:

Please circle each option that applies: I'm an Adoption Applicant I'm a Foster Applicant

Name

Mailing Address

City, State, Zip Code

County

Home Phone Number

Work Phone Number

Mobile Phone Number

E-mail Address

All Applicants must be over the age of 18. Are you over the age of 18? Yes _____ No _____

Have you ever been charged with or convicted of animal abuse and/or neglect?

Yes _____ No _____

If Yes, please explain:

Membership Information:

Are you a current Member of Animal Protection Coalition, Inc.? Yes _____ No _____

If you selected Yes, please tell us your Membership Expiration Date: _____

If you selected No, there is a **\$25 Application Fee** which includes a one-year membership; there is no application fee required if you are a current member. APC is a 501 (c)3 non profit organization. All contributions are tax deductible as allowed by law and your personal circumstances. **Please make checks payable to Animal Protection Coalition, Inc.,** and mail to **10474 West 800 South, Owensville, Indiana 47665** or you may pay with **PayPal** on our website: **www.animalprotectioncoalition.org**

Canine Related Information:

Do you currently own any canine? Yes _____ No _____ If Yes, how many? _____

Please give us the date you last vaccinated your canine(s): _____ / _____ / _____

Types of vaccinations your canine(s) received:

Please give us the date you last dewormed your canine(s): _____ / _____ / _____

Which deworming product did you use?

If you do not own any canine(s), have you owned any in the past and if so how long did you own it for?

Within the last 5 years have you given away or sold any canine(s), if so please explain?

Within the last 5 years have any canine(s) died while in your care, if so please explain?

Describe your experience with canine, handling, caring for dogs, whelping, training, showing, etc.:

Will the canine adopted/fostered be housed at the address stated on the first page?

Yes _____ No _____

If you selected No, please provide the following information:

Facility Name	
Facility Address	City, State, Zip
Contact Person	Facility Phone Number

Facility Information:

If your adopted/fostered canine will be kept in a crate, please answer the following questions:

Crate Size	How many hours/day will canine be kept in the crate?
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If adopted/fostered canine will be kept outdoors, at any time, please answer the following questions:

Yard Size	Number of other canine that will kept in the same yard:
Describe the type and size of shelter in yard.	Describe the type of fencing that is used for the yard.

Canine Care Information:

Who will be feeding the adopted/fostered canine?

Does this person have experience with canine?

How often do you plan on feeding the adopted/fostered canine?

How often do you plan on deworming the adopted/fostered canine?

What type of deworming products do you plan to use?

How often do you plan on taking the adopted/fostered canine to visit a veterinarian?

Foster Care Information: *(For Foster Homes ONLY, if you only want to adopt, skip this section!)*

I would be able to foster: *(please circle ALL that apply)*

- Very Tiny Dogs Small Size Dogs Small-Medium Size Dogs Medium Size Dogs
Medium-Large Size Dogs Large Dogs Very Large Dogs Puppy Litter of Pups & Mom
Young Adult Dog Adult Dog Senior Dog

I would be able to foster a canine that fits into the following criteria: *(please check ALL that apply)*

- _____ A canine with health problems
_____ A canine with training issues
_____ A canine that is young and has no training *(5 months to 2 years old)*
_____ An older canine *(8+ years old)*
_____ A canine that is pregnant
_____ A canine that was seized by law enforcement, while waiting a hearing *(The owner may be awarded custody of the animal by a judge)*
_____ A canine that needs to be spayed/neutered or has just been spayed/neutered

**How many fostered canines could you house on a regular basis?
In an emergency?**

Adoption Information: *(For Adoption ONLY, if you only want to foster, skip this section!)*

Please list the names of the canine(s) that you are interested in adopting, in order of preference:

1. _____ 3. _____
2. _____ 4. _____

What are you planning on using your adopted canine for?

How much time, per week, will you spend working with the adopted canine?

Please list each person's name and age, and experience level (1=no experience to 10=very experienced) of every person that will be working with the adopted canine:

Reference Information: *(You are responsible for getting all three of the reference forms signed and returned to Animal Protection Coalition, Inc. The following information is for our records so that we can match applications and reference forms together if they are faxed, mailed, or e-mailed separately.)*

Veterinary Reference Name

Phone Number

Please check which applies:

Address

_____ **This is my current vet. # Years used** _____

City, State, Zip Code

_____ **This is the vet I plan on using.**

Personal Reference #1 Name

Phone Number

Address

City, State, Zip Code

Personal Reference #2 Name

Phone Number

Address

City, State, Zip Code

I understand that by filling out and signing this application, I am applying to adopt and/or foster a canine from Animal Protection Coalition, Inc. I also understand that my application must be approved before I will be allowed to adopt/foster a canine from Animal Protection Coalition, Inc. I also understand that my application may be denied for any reason and I may not be able to adopt and/or foster a canine from Animal Protection Coalition, Inc.

I also agree and understand that the information provided in this application may be used to request background checks, including criminal records to verify personal information.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information.

Applicant's Name (Printed)

Date

Applicant's Signature (Application is VOID without signature)

You may return this application to our main organization:

Animal Protection Coalition, Inc. Corporate Offices

10474 West 800 South

Owensville, IN 47665

Tel: (812) PAWS111

(812) 729-7111

Fax: 206-338-5604

E-mail: apc@animalprotectioncoalition.org