



## ADOPTION APPLICATION

Thank you for your interest in the work of New Mexico Dachshund Rescue and our little charges!

Because you have expressed in interest in providing a forever home and becoming a parent to one of our rescues, we ask that you complete the attached application in its entirety. Once the application is received, we will review it and work diligently to make the perfect match!

Our application is lengthy because it has to be – this is a second chance at life for our rescues, and we love each of them as though they were our own. They count on us to find the perfect loving home for them, and we don't want to make any mistakes!

It is important that each question is answered as honestly and completely as possible to enable us to make that 'perfect match'. Some of our rescues have broken pasts (physical abuse, lack of human contact, no socialization). Some are great with children; others are best in an adult-only home. Some may need extra training and patience to refine their inter-personal and/or inter-canine skills.

We will check your references and perform a home visit prior to matching you with a rescue. This allows us to identify any potential hazards a Dachshund might encounter, as well as possible escape routes, should they feel adventurous! We may ask you to make modifications to ensure the safety of the Dachshund prior to placement in your home.

You may submit this application via email to: [gaiaasb33@gmail.com](mailto:gaiaasb33@gmail.com) or mail it to:

Ann Bailey  
9 Hale Ct  
Los Lunas, NM 87031

We hope to hear from you soon, and we THANK YOU for choosing adoption!



Your NMDR's adoption package includes:

1. Spay/neuter
2. DHLPP & Rabies vaccinations
3. Rabies Certificate/Proof of Rabies Vaccination
4. Copies of shot records (if obtainable)
5. Heartworm testing, and treatment if necessary
6. Parasite testing, and treatment if necessary
7. Dental cleaning, if necessary

*It is NMDR policy that all applications/applicants be approved prior to placement of a rescued Dachshund in the applicant's home.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONES: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

.....  
For whom are you adopting? (self/child/parent/sibling) \_\_\_\_\_

Please list each member of your household, including yourself:

NAME	RELATIONSHIP	AGE

Are all members of the household in agreement regarding the adoption of a Dachshund? Yes/No

Please list household members who have NOT been exposed to a Dachshund: \_\_\_\_\_

Have you owned a dog previously? Yes/No Have you owned a Dachshund? Yes/No

How often do you have other adults visit your home? \_\_\_\_\_

How often do you have persons under the age of 18 visit your home? \_\_\_\_\_

If you rent, does your rental/lease agreement permit you to have a dog or dogs on the property?

Yes/No/Unknown. If yes, please state name, address and phone of landlord: \_\_\_\_\_

**HAVE YOUR GIVEN CAREFUL CONSIDERATION TO:**

Financial obligations? Yes/No Special needs, time and patience required? Yes/No

Who will care for your Dachshund on a daily basis? \_\_\_\_\_

Where will your Dachshund be kept? House/back yard/both

Where will your Dachshund sleep? Dog bed/human bed/crate

Who will care for your Dachshund if you cannot (vacation/hospitalization): \_\_\_\_\_

Are you aware that purebred dachshunds can have a predisposition to back problems, weight gain, and house training problems? \_\_\_\_\_

Are you willing to adopt a dachshund that is:

Older? \_\_\_\_\_

Has been abused? \_\_\_\_\_

Not reliable with children? \_\_\_\_\_

Physically handicapped? \_\_\_\_\_

Required continued house training? \_\_\_\_\_

Requires ongoing medication other than heartworm preventative? \_\_\_\_\_

Would you consider a pair of dachshunds? (We don't usually separate ones who've been together) \_\_\_\_\_

Please list your preferences in a dog, and indicate if you have no preference in a category:

Color \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Coat (smooth, wirehair, longhair) \_\_\_\_\_

Size ("mini"=12lbs or less, "weenie"=13-17lbs, "standard"=18-24lbs) \_\_\_\_\_

Do you have a yard? \_\_\_\_\_ What type/height of fence? \_\_\_\_\_

If your yard isn't fenced, do you have an exercise program planned for the dog? \_\_\_\_\_

Are there stairs in your residence? \_\_\_\_\_

Where will the dog stay during the day? \_\_\_\_\_ During the night? \_\_\_\_\_

How many hours a day will the dog be left home alone? \_\_\_\_\_

Will your Dachshund be crated or seatbelted in the car? Crate/seatbelt/other: \_\_\_\_\_

Have you ever surrendered an animal? Yes/No (if yes, please explain on reverse side.)

Have you had an animal taken from you? Yes/No (if yes, please explain on reverse side.)

Have you ever been convicted of a crime involving cruelty to an animal, neglect, or another form of abuse?

Yes/No (if yes, please explain on reverse side.)

**WHY DO YOU WANT TO ADOPT A RESCUED DACHSHUND?**

Are there other pets in your home? Yes/No

If yes, please identify:

NAME	SPECIES	BREED	AGE	Spay/Neutered?
				Yes/No

**ARE YOU WILLING TO:**

Discuss the Dachshund breed with an animal behaviorist?	Yes/No
Discuss the Dachshund breed with your veterinarian?	Yes/No
Do everything in your power to ensure your Dachshund has a long, happy and healthy life?	Yes/No
Learn more about the breed and its special characteristics?	Yes/No
Love your rescued Dachshund unconditionally?	Yes/No
Maintain heartworm medication throughout the life of your Dachshund?	Yes/No
Read books/periodicals pertaining to the Dachshund breed?	Yes/No
Take your Dachshund to a vet at least annually for an exam, vaccinations and heartworm check?	Yes/No
Take your Dachshund to a vet when ill or injured?	Yes/No
Teach household members/visitors how to properly care for and treat your Dachshund?	Yes/No
Train and monitor children in the proper care and treatment of your Dachshund, regardless of the Dachshund's reliability around children?	Yes/No
Welcome your Dachshund into your home as a permanent family member?	Yes/No

**VETERINARIAN**

- Do you have a family vet? Yes/No  
 If Yes:  
 Name: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_
- Does your Vet have an emergency service? Yes/No
- Does your Vet take after hours calls? Yes/No
- Please describe your relationship with your Vet: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- May we call your Vet for a reference? Yes/No

**PERSONAL REFERENCES (at least 3, no more than 2 of which may be relatives)**

NAME	PHONE	RELATIONSHIP

**ANYTHING ELSE WE SHOULD KNOW?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your signature on this document grants New Mexico Dachshund Rescue permission to gain information from your Veterinarian, Landlord (if applicable), and the references provided as it pertains to your suitability to adopt and care for a rescued Dachshund. By signing below you are attesting to the accuracy and truthfulness of the statements made in this application for adoption. Any statements made with the intent to defraud or deceive will result in the immediate surrender of the Dachshund. *If, during the lifetime of the rescued Dachshund, you are no longer able to keep/care for your Dachshund, you agree to return said rescued Dachshund to the care of New Mexico Dachshund Rescue and execute a Surrender Agreement as proof of your intent.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant, if applicable

\_\_\_\_\_  
Date