

# Tampa Bay Vizsla Club Adoption Application



Today's Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: (include area codes) Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail address(s) \_\_\_\_\_ How regularly do you check email? \_\_\_\_\_

Would you like to be added to our e-mail list? Yes / No

Is there a specific dog you would like to be considered for? (name): \_\_\_\_\_

Occupation: \_\_\_\_\_ What are your typical work hours? \_\_\_\_\_

What sex of dog you prefer, and why Male / Female / No preference (please note that we often have a waiting list for young females)

What age of dog do you prefer and why? 1 yr or less / 1-5 yrs / 5+

Work at home? Yes / No Work outside home? Yes / No How many hours per day do you work? \_\_\_\_\_

Describe a typical work day schedule at your house \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time can you devote to training and exercising a dog? (obedience classes, etc.) \_\_\_\_\_  
\_\_\_\_\_

Are you single, married, have a roommate? \_\_\_\_\_

Do you have children? Yes / No What are the ages of children in the home? \_\_\_\_\_

What concerns do your family members have about owning a dog? \_\_\_\_\_

Are you planning to adopt this Vizsla for yourself? Yes / No If not for you, please explain for whom \_\_\_\_\_  
\_\_\_\_\_

Where will the dog stay while you are working or gone from home? \_\_\_\_\_

Where will the dog sleep? \_\_\_\_\_ Where will the dog be when you go on vacation? \_\_\_\_\_

Have you ever owned a dog before? Yes / No If yes, what breed, and what happened to the dog? \_\_\_\_\_  
\_\_\_\_\_

What pets do you own currently? \_\_\_\_\_

If you have dogs, describe their behavior towards humans and other animals? \_\_\_\_\_  
\_\_\_\_\_

Do you? Own your home Yes / No Rent a house Yes / No Rent an apartment Yes / No

If you rent, does your rental agreement allow you to have a dog? Yes / No (a letter from your landlord may be required prior to adoption)

Have a fenced yard? Yes / No What type of fence and how tall? \_\_\_\_\_

Your neighborhood/property is : rural \_\_\_ suburban \_\_\_ urban \_\_\_ city \_\_\_ other \_\_\_\_\_

What lifestyle changes do you expect in the near future? \_\_\_\_\_

In the next 5 years? \_\_\_\_\_

(include having children, moving, retirement, a major job change, etc.)

Does anyone in your home have allergies to pets? Yes / No If yes, please explain. \_\_\_\_\_

What qualities of the Vizsla most interest you? \_\_\_\_\_  
\_\_\_\_\_

Have you considered purchasing a Vizsla puppy from a breeder as well as, or in addition to, adoption? Yes / No

Would you be interested in receiving a list of reputable breeders in the state of Florida? Yes / No

How much exposure have you had to Vizslas? \_\_\_\_\_  
\_\_\_\_\_

Are you committed to owning a dog for its entire life (could be as long as 12-14 years) Yes / No

What arrangements will you have for your dog if you are unable to provide care (i.e. medical or travel emergency)?\_

Describe the steps you take when disciplining a dog? \_\_\_\_\_  
\_\_\_\_\_

Describe the steps you take to socialize your Vizsla. (include training & exercise) \_\_\_\_\_  
\_\_\_\_\_

Many Vizslas, especially young ones, need a tremendous amount of exercise, and leash walking is not enough. If applying for a young Vizsla, how do you plan to exercise the dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a veterinarian? Yes / No Name and phone number of vet \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to adopt a "special needs" (special medical or behavioral needs) or an older dog (7-8 years or older)? Yes / No If yes, please discuss \_\_\_\_\_  
\_\_\_\_\_

Please provide the names and phone numbers of two references (not relative) that we may contact:

1. \_\_\_\_\_
2. \_\_\_\_\_

May we share your application with other Vizsla rescue groups in surrounding states? Yes / No

Are you interested in helping TBVC Rescue, either by fostering, transport, home checks, shelter pulls, etc.? If so, how? (answer to this question will not affect your application) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like us to know when considering your application? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please be aware that conditions of adoption require that you return the dog to Vizsla Rescue if you are unable to keep it for any reason, and that a home visit may be required as part of the adoption approval process.***