

## NORTHEAST PYR RESCUE

P.O. Box 704 • Lee, MA 01238 • Call toll free 877-528-0637 www.nepyresq.org

## NEPR ADOPTION APPLICATION ©

Name(s):	
Address:	
City/State/Zip:	
Home Phone:	Best time to call:
Alternate Phone:	Best time to call:
E-Mail: Altern	ate E-Mail:
How did you hear about us?	
I would like to adopt: Yes 🗌 No 🗌	
I would like to help with: Home Visits: Trar	nsport 🗌 Foster 🗌 Evaluate Dogs 🗌
Network  Make a Donation:  \$	
Preferences for adoption/fostering: Male 🗌 Female 🗌 No Preference 🗌	
Age: <2 Years 🗌 2-5 Years 🗌 6+ Y	ears 🗌 No Preference 🗌
Why do you want a Great Pyrenees?	
Where do you live?: House Condo Apartment Other	
Are you aware that Pyrs have a tendency to bark and	d will roam if they are not securely enclosed?
Do you have: Fully-Fenced Yard Chain-Link	Dog Kennel 🗌 Invisible Fence 🗌
Large Dog Crate (cage) Trolley Other ou	utdoor tying device
Please tell us how your yard is secure:	
Where will the dog spend the day?	

NEPR Adoption Application Form

Where will the dog sleep?
Number of people in household: Ages:
Are all of the members of your household aware that you plan to adopt/foster a dog? Yes 🗌 No 🗌
Do all of the members of your household support your decision to adopt/foster a dog? Yes 🗌 No 🗌
Do you own other dogs now? Yes 🗌 No 🗌 Please list ages, sex, and spay/neuter information for
each dog:
Do you use/plan to use heartworm preventative? Yes 🗌 No 🗌
Date of last dosage for current dog(s)
Do you own other pets now? Yes 🗌 No 🗌 Please list types, ages and sex for each pet:
Have you ever owned a Pyr? No 🗌 Yes 🗌 If yes, what happened to it?
Have you ever owned other dog(s)? No 🗌 Yes 🗌 If yes, what happened to it/them?
Are you willing to travel to acquire a rescue dog? Yes 🗌 No 🗌
Are you willing to housebreak a dog? Yes 🗌 No 🗌
Have you applied to any other rescue organizations? Yes $\Box$ No $\Box$ If yes, please indicate the name
and contact information:
/eterinarian's Name: Phone:
Please contact your vet and authorize them to release information to Northeast Pyr Rescue.
Any other comments:
Signed: Date:
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