

# NORTHERN ILLINOIS SAMOYED ASSISTANCE, INC

P.O. Box 218  
Arlington Heights, IL 60006  
Tel: 847-255-4815

## Adoption Request Form

NAME: _____	HOME TEL: _____
ADDRESS: _____	WORK TEL: _____
CITY : _____	STATE: _____ ZIP: _____
EMAIL ADDRESS: _____	Best time to call: _____
How did you find NISA: _____	
Referred by: _____	
Do you have an application on file with any other rescue group? Y or N	If yes, who? _____

### Previous or deceased pet history:

1. How many pets have you owned in the last 10 years? \_\_\_\_\_

A. Please list dog/cat/?	Where is this animal now:	If deceased, list exact cause:	List age
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Where did you acquire these pets? \_\_\_\_\_ Breeder/kennel name: \_\_\_\_\_

2. Have you ever adopted a pet from anywhere and returned it: Y or N If yes, why? \_\_\_\_\_

\_\_\_\_\_

3. Have you ever relinquished an animal to a shelter or rescue: Y or N If yes, why? \_\_\_\_\_

\_\_\_\_\_

4. Have you ever given a pet to a friend or neighbor: Y or N If yes please explain to whom and for what reason \_\_\_\_\_

\_\_\_\_\_

5. Have you checked back with this family to insure the animal was being properly cared for? Y or N

### Past/present pet history:

6. Do you currently own any dog/s: Y or N Male or female? \_\_\_\_\_ Are they surgically altered to prevent reproduction: Y or N

A. If not, why not? \_\_\_\_\_ B. What breed are these dog/s \_\_\_\_\_

7. Do you provide heartworm preventative: Y or N A. What kind? \_\_\_\_\_

B. If not, why not? \_\_\_\_\_

A. Circle vaccinations you provide yearly: Distemper Parvovirus Rabies Bordetella Lymes Leptospirosis  
Others: \_\_\_\_\_

8. Did you attend professional dog obedience classes: Y or N List name of facility: \_\_\_\_\_

9. What is your city's limit for pets? \_\_\_\_ List other pets & their ages \_\_\_\_\_

10. Are these indoor pets? \_\_\_\_\_ Outdoor? \_\_\_\_\_ Kenneled? \_\_\_\_\_ Tied? \_\_\_\_\_ Other? \_\_\_\_\_

11. If you have a Samoyed, please explain how you maintain the coat \_\_\_\_\_

A. List your preference for grooming tools: eg. brush, slicker or \_\_\_\_\_

B. If you use a grooming salon, Please list the name, address and telephone number: \_\_\_\_\_

C. How frequently is your current Samoyed groomed: \_\_\_\_\_

12. Please provide (1) Veterinarian's name, including the business address and telephone/fax number as a reference: \_\_\_\_\_

(If you do not currently have a vet, please list the name of the Clinic you plan to use once a pet is acquired)

**Family and Lifestyle:**

13. Please list the names and ages of all persons in your home, including yourself:

Name	Age	Occupation	Work Hours	Length of Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. Marital status: (circle please) S M D W

14. Please list the approximate ages of children belonging to family, friends and neighbors who visit frequently: \_\_\_\_\_

15. Do any members of your family suffer from allergies? Y or N If yes, to what? \_\_\_\_\_

16. Why do you want to adopt a Samoyed? \_\_\_\_\_

17. Who will be responsible for the daily care, exercise and feeding of this dog? \_\_\_\_\_

18. Please circle those that best describe you and your family:

- Homebody      Busy      Routine      Flexible      Physically active
- On the go often      Socially active      Quiet      Laid back      Chaotic
- Few visitors      Often gone weekends/evenings      Active children      Outdoorsy
- Large family gatherings      Lots of friends and co-workers that visit      Grandchildren visit often

19. Have you carefully considered how a dog will fit in your lifestyle? Y or N and Future? Y or N

20. Are you financially able and willing to care for a pet should it become seriously ill or require surgery to maintain its health? Y or N

21. Do you feel your lifestyle allows plenty of time for a pet? Y or N

22. If you live with your parents who will be the actual owner of this dog? \_\_\_\_\_

23. Do you prefer that pets be restricted from certain areas of the house? Y or N If yes, what areas? \_\_\_\_\_

24. Are you familiar with “crate training” Y or N A. When you are not home will this dog be crated for safety reasons? Y or N

B. If No, please explain what arrangements you will make: \_\_\_\_\_

25. Are you willing to use a crate to acclimate the adopted animal to your family? Y or N. If not, why not? \_\_\_\_\_

26. Samoyeds shed profusely. How do you intend to manage this annual or biannual necessity? \_\_\_\_\_

A. Are all of the family members acceptable of the shedding factor? \_\_\_\_\_

27. What arrangements will you make for a pet when you are on vacation? \_\_\_\_\_

A. How often do you travel or vacation each year? \_\_\_\_\_ B. Do you travel for business? \_\_\_\_\_

C. If you travel for business, what arrangements will you make for a dog? \_\_\_\_\_

28. What role will a dog play in your life? \_\_\_\_\_

**Home:**

29. Your home is: (circle one) House Condo Townhouse Apartment Mobile home

A. Do you own your home? \_\_\_\_\_ B. Do you rent? \_\_\_\_\_ C. Live with a roommate? \_\_\_\_\_

B. As a renter, if you found it necessary to move, and the only housing available does not allow pets of any type, what arrangements would you make for your pets: \_\_\_\_\_

C. Please provide the name, address, and telephone number for landlord, Association Secretary, or Building manager if applicable: \_\_\_\_\_

D. Does your building or association have any size or breed restrictions on pets? Y or N Please list restrictions: \_\_\_\_\_

30. How many square feet of living space do you have? \_\_\_\_\_ A. Do you have stairs in your home? Y or N

B. Are these to the basement or second floor? \_\_\_\_\_ C. Are the stairs carpeted? Y or N

31. Do you consider your home to be:  
[ ] Lightly decorated [ ] Moderately decorated [ ] Heavily decorated

32. What best describes your housekeeping standards:  
[ ] Average [ ] Above average [ ] Meticulous

33. Is your community a dog friendly neighborhood? Y or N Or I don't know how my neighbors feel about dogs. Y or N

34. Is there a restriction on fencing type in your community? Y or N Is there a NO FENCE regulation? Y or N

35. Do you have a yard? Y or N Is it fenced? Y or N Fence type? \_\_\_\_\_ Height \_\_\_\_\_

36. Is your fence completely secure at the bottom, corners, where it meets the garage or house? Y or N

A. Do you keep gates locked? Y or N B. If your yard is not fenced, are you willing to install fencing? Y or N If you live in an apartment, condo or townhouse or fencing is not allowed, please describe your proposed exercise and “potty” routines: \_\_\_\_\_

C. Do you have an area nearby that is fenced where your dog can run safely? Y or N  
(ie. Neighbors yard, tennis court or ball field, or a dog park)?

37. Will you allow a Rescue Representative to visit your home? Y or N

38. In addition to life at home, please describe other activities you wish to do with your new companion:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> go to Obedience school                | <input type="checkbox"/> just be a friend to me                       | <input type="checkbox"/> protect the home when I am gone     |
| <input type="checkbox"/> Walk with you for exercise            | <input type="checkbox"/> keep me active and healthy                   | <input type="checkbox"/> jog with you                        |
| <input type="checkbox"/> Go to your place of business with you | <input type="checkbox"/> be a playmate or companion for your children |  |
| <input type="checkbox"/> show off your companion at pet stores | <input type="checkbox"/> do some nursing home visits                  | <input type="checkbox"/> get into a physical therapy program |
| <input type="checkbox"/> do educational programs at school     | <input type="checkbox"/> compete for working titles                   | <input type="checkbox"/> try some agility                    |

### Canine Preferences:

39. Roughly what size Samoyed do you prefer:

- Small (30 – 45#)                      Medium ( 45 – 60#)                      Large (60 – Plus)

40. Samoyeds are generally described as two types:                      Do you have a preference? Y or N

- One being fine boned and wolf like in the face and head.  
 The other being of heavy bone and bear like in the face and head

41. Are you looking for a:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Moderately active | <input type="checkbox"/> High energy | <input type="checkbox"/> Or sedentary companion |
| <input type="checkbox"/> Juvenile          | <input type="checkbox"/> Adult       | <input type="checkbox"/> Senior (10 or over)    |
| <input type="checkbox"/> Male              | <input type="checkbox"/> Female      | <input type="checkbox"/> Doesn't matter         |

42. Are you willing to wait until a dog of your preference becomes available? Y or N      How long? \_\_\_\_\_

43. Would you consider taking a dog without a preference to age, or gender if it really matched your family's needs? Y or N

44. Would you consider adopting a Senior Samoyed? Y or N

45. Would you consider adopting a Special needs Samoyed? Y or N  
(May require daily lifetime medication)

46. Would you consider adopting a Samoyed Mix? Y or N

47. Would you consider providing temporary care for any of the Samoyeds listed above? Y or N

48 Please define your interpretation of a responsible dog owner: \_\_\_\_\_  
\_\_\_\_\_

49. Have you answered all the questions on this questionnaire? Y or N

50 Did you understand all of the above questions, if not please contact the rescue secretary for clarification at 847-255-4815.

### Necessary Legal Stuff

You will be required to sign a contract if your application is approved for adoption. Please check off the following boxes to acknowledge that you have read and agree with these statements:

- I agree to keep a Samoyed exclusively as a house pet and to never subject this dog to inhumane treatment.
- I agree that my Samoyed will be an inside house pet and never be isolated to the outdoors in a kennel or tied.
- I agree to keep a buckle collar on my Samoyed at all times with proper identification that include my telephone number, name, address and the chip number.

[ ] I agree to return my Samoyed only to NISA or it's representatives in the event I am incapable of providing proper care. If I have moved from this location I agree to contact NISA to obtain written permission to release the dog to any other source.

[ ] I agree to accept immediate and full responsibility of my Samoyed including but not limited to, all health care costs and necessary burdens and responsibilities.

[ ] I agree to never euthanize my Samoyed because of a behavioral problem or because I can no longer afford to provide medical care. In this case, I will contact NISA to request guidance and assistance.

[ ] I agree to inform NISA if I have a behavioral problem with my Samoyed and will seek professional assistance to correct the problem

Please list two references that you have known for more than 2 years **(Please do not include family members or relatives)**

Name: \_\_\_\_\_ City/St: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ City/St: \_\_\_\_\_ Tel: \_\_\_\_\_

I certify that the information I have given is correct and I realize that my misrepresentation of the facts may result in losing the privilege of adopting a Samoyed. I understand that NISA has the right to deny my request to adopt in the event local representation of rescue cannot be secured to conduct a home check and interview as policy requires. I authorize investigation and verification of all statements contained in this application. I understand a nonrefundable fee is payable to NISA at the time of adoption. I understand that my submission of this application neither guarantees nor implies that NISA will offer me a Samoyed to adopt.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

The adoption fee is for the following products and services provided while the Samoyed is in the care of N.I.S.A; grooming and boarding fees, spay/neuter, rabies vaccine, DHAPP, microchips, heart worm test & preventative. Bordetella, fecal exams, parasite treatment, U/A, x-rays, dentals are **only** provided where applicable. If you have any questions concerning this application or the adoption process, please contact:

Northern Illinois Samoyed Assistance, Inc  
P.O. Box 218, Arlington Heights, IL 60006  
Jean Gilles (847) 392 -5000      Annette Stock (847) 437- 9350      Beverley Stewart (773) 267- 1351

NOTES:

Office Use Only	
File Number:	_____
Date Application Returned:	_____
Date Called for Interview:	_____
Date of Home check:	_____
Approved or Denied:	_____
Date dog were viewed:	_____
Date of Adoption:	_____