



Newfoundland Club of Florida Rescue Adoption Application

Thank you for your interest in adopting from the Newfoundland Club of Florida. So that we may make the best match possible, please answer the following questions as completely and truthfully as possible. Send application by email to rescue.chair@newffla.com.

Date: _____

When will you be ready to adopt a Newf? _____

Name(s): _____

Address: _____

City: _____ State: Florida Zip: _____

Email Contact: _____

Best Contact Phone Number: _____ Alternate: _____

Best time to call: _____

What gender would you prefer: Male Female

What age would you consider? 0-2 yrs 3-6 yrs Any

Would you consider a senior (7 or older)? Yes No

Would you consider a special needs Newf? Yes No Maybe

(A special needs Newf may require medication or therapy for a permanent but controlled condition.)

Do you have any experience with special needs dogs? Yes No

Have you ever had a Newf before? Yes No

If yes, when? _____

If no, have you ever had any interaction or experience with a Newf? Yes No

Explain this experience: _____

Why do you want a Newf? Check all that apply

Companion Family Dog Child's Pet Guard Dog Companion for other Pet Other

Other (explain) _____

What made you decide that a Newf was right for you? _____

Are you employed outside the home? Yes No

How many hours a day will the dog be alone? Weekday _____ Weekends _____

Do you have time every day to devote to a Newf? Yes No

Do you travel often? Yes No If yes, who will care for the pet while you are travelling? _____

What type of activities do you plan on doing with your Newfs? _____

Are there other dogs living in your home? Yes No If yes, complete below.

| Name | Gender | Spayed/Neutered | Age | Breed |
|------|--------|-----------------|-----|-------|
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| | | | | |
| | | | | |

If any of these animals are not spayed or neutered, please explain why: _____

How many dogs have you owned in the past 5 years? _____

Have you ever had to give up a pet? Yes No If yes please explain. _____

Do you have cats? Yes No How Many? _____

Are your cats used to dogs? Yes No Unknown

What other animals do you have (domestic and/or livestock)? _____

Do you have regular canine visitors that come visit? Yes No

If yes tell us about them. _____

Please list everyone in your household who will be living with the dog, including children:

| Name | Gender | Age |
|------|--------|-----|
| | | |
| | | |
| | | |

Who will be responsible for the primary care of the Newf? _____

Does anyone in your home have allergies to pets? Yes No

Do you live in a: House Condo Apartment Duplex

Do you own or rent: Own Rent (we will need to see a copy of your lease)

If you rent, what is the name and phone number of your landlord? _____

Are there any Home Owners Association restrictions on size or breed of dogs allowed? _____

Are there stairs in your home? Yes No

Do you have a fenced-in area of your yard? Yes No

If yes, please describe height and type of fence: _____

If no, please describe how the dog will be managed when outside: _____

What do you consider to be adequate exercise for a giant breed? _____

What training/discipline techniques would you be using? _____

What technique would you use to housebreak your Newf, if necessary? _____

Where will the dog be kept when you are not at home? _____

Where will the dog sleep at night? _____

Where will the dog be kept during the day? _____

You must provide the contact information for your current veterinarian and provide two additional references.

| | |
|-----------|---------------|
| Vet Name: | Relationship: |
| Address: | Phone: |
| Name: | Relationship: |
| Address: | Phone: |
| Name: | Relationship: |
| Address: | Phone: |

The life span of a Newf is 10-13 years. Are you ready for a long commitment? Yes No

Is your financial situation such that you can properly care for a giant breed? Yes No

Were you referred by a member of NEWFLA or another Newfoundland Club? Yes No

If Yes, who? _____

Any additional information you wish to provide: _____

