



COLLIE RESCUE LEAGUE OF NEW ENGLAND, INC

Assisting collies since 1987

PO Box 3689, Cranston, RI 02910-3499

CRLNEapplications@gmail.com

Mail Application to:

Collie Rescue League of N.E. Inc.,

Attn: Applications Coordinator, Sherry Ackerman

P.O. Box 233, Bolton Landing, NY 12814

Adoption Application

Names	
Physical Address	
Home Phone	
Cell/ Work Phone #	
Email Address	
Occupation	

Own or Rent Home	
	Please note: If you rent, own a condo, co-op, or live in a private community, you will be asked for a letter from your landlord, or home owner's association, permitting a large dog.
Length of Residency	
Adult(s) Age Range	
# of Children/Ages	
Do children visit home?	
Have you re-homed a pet? If so, why?	

Has anyone in home been charged with or convicted of cruelty to animals?	
If yes, please explain in detail?	

Describe Neighborhood: <input type="checkbox"/> Schools <input type="checkbox"/> Busy roads/highways <input type="checkbox"/> Quiet <input type="checkbox"/> Residential

Fenced in Yard: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Fence:
How will you exercise your collie?
Where will collie reside during day?:
Where will collie spend their evenings?: Sleeping Arrangement?

How many hours a day will your collie be left alone?:
Where will your collie stay during that time?:
Where will your collie stay when you go on vacation?:
Are you willing to attend obedience class if required?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Looking for: <input type="checkbox"/> Primarily a house dog <input type="checkbox"/> Outside dog																
Outside: (Collie will be....) <input type="checkbox"/> loose in fenced yard <input type="checkbox"/> loose no fence <input type="checkbox"/> tied on run <input type="checkbox"/> Tied to dog house <input type="checkbox"/> kept in kennel or pen <input type="checkbox"/> leash walked only																
Ideal collie: <input type="checkbox"/> quiet temperament <input type="checkbox"/> high energy collie <input type="checkbox"/> active collie																
Purpose use: <input type="checkbox"/> house pet <input type="checkbox"/> working livestock <input type="checkbox"/> obedience competition <input type="checkbox"/> guard dog <input type="checkbox"/> companion																
Age Range: <input type="checkbox"/> Puppy <input type="checkbox"/> Adult (1-6 years old) <input type="checkbox"/> Mature (6-9 years old) <input type="checkbox"/> Senior (10 years and over)																
Collie type: <input type="checkbox"/> Rough <input type="checkbox"/> Smooth <input type="checkbox"/> Either																
Owned a dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No																
List all dogs currently in home:																
<table border="1"> <thead> <tr> <th>Breed</th> <th>Age</th> <th>Name</th> <th>Spayed/Neutered?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Breed	Age	Name	Spayed/Neutered?												
Breed	Age	Name	Spayed/Neutered?													
Heartworm Preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Dog Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Dog Tags with Contact Info? <input type="checkbox"/> Yes <input type="checkbox"/> No																
List all other animals currently under your care:																
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Why a collie? What information do you know about a collie? <hr/> <hr/>																
Applications with other rescue groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes which ones: _____																

Prepared for medical needs and expenses? Yes No

Prepared for grooming needs and expenses? Yes No

Estimate the monthly cost for feeding, grooming, and vetting a collie? _____

Veterinarian

Name: _____ Address: _____

Phone: _____ Length of time: _____

List 3 References: (Non- Relatives and can speak about your dog experiences.

Name	Phone	Relationship

Please initial the following statements: doing so signifies that you have read and agree.

I have called my veterinarian and given permission to release information regarding the veterinary care of my past and present pets.	
I understand that if my application moves forward that CRLNE will schedule a home visit for the purpose of matching a collie to our family including our other pets, our lifestyle, and our home environment.	
I understand if I am a previous adopter CRLNE will schedule a home visit again if it has been more than two years and/or our home environment has changed.	
I understand that NOT all the available collies are posted on the CRLNE's website and sometimes collies are adopted out to approved applicants without ever appearing on the website.	
I understand that CRLNE must complete the adoption application process including home visits before details on a specific collie are discussed and that if I am applying for a specific collie that he/she may no longer be available or may not be a match for my family.	
I understand that a submitted application does not guarantee adoption of a CRLNE rescued collie and the rescue reserves the right to refuse an application with no reason provided.	
I understand that CRLNE does not warrant the temperament or behavior of either the rescued collie or that it is free of genetic defects. Furthermore CRLNE is not responsible for any acts of the rescue collie while living with the adopting family.	

Describe your ideal collie: _____

Additional comments: _____



By signing this application, I certify that the information provided is truthful and correct to the best of my knowledge. By submitting the application, I understand that the decision on whether to accept this or any application or to place any particular collie with any particular applicant is at the exclusive discretion of Collie Rescue League of New England. In addition, I give permission for Collie Rescue League of New England to speak with my veterinarian (please notify your vet that we may call and that you give your permission for us to check on the past and current care of your animals) and references (please notify your references that we may call and that you give permission for us to speak with them). I also agree to have a volunteer visit my home.

Signature	Date
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