

Thank you for your interest in adopting from the Newfoundland Club of New England Rescue & Referral Service. So that we may make the best match possible, please answer the following questions as completely and truthfully as possible. **Send application by email** rescue@newfclubne.org.

Date:										
Name:										
Address:										
City:				State & Zip:						
Home Phone: Cell/A				ernate Phone:						
Email Address:										
Best Time to Call:										
When will you be ready to adopt a dog?										
Rescued Newfs vary in age. What age will you consider?				☐ 0-2] 0-2 years		ears	☐ Any age		
Vould you consider a senior (7 or older) Newf?				☐ Yes ☐ No						
Would you prefer:				☐ Male ☐ Fe		☐ Fema	ale			
Would you consider a special needs Newf, such as one that may require medication for a permanent but controlled condition?				☐ Ye	☐ Yes ☐ No			☐ Maybe		
Have you owned a Newfoundland before?					☐ Yes ☐ No					
If yes, when?										
Why do you want this dog? (Check all that apply.) Companion Family Dog Child's pet Guard dog										
☐ Companion for other pet ☐ Other (explain)										
Are you employed outside the home?	you employed outside the home?			☐ Yes ☐ □		☐ No				
How many hours a day would the dog be alone?				Weekdays			We	Weekends		
Have you ever applied to adopt a Newf from NCNE Rescue before?				☐ Yes		☐ No				
If yes, did you receive a Newf from	If yes, did you receive a Newf from NCNE Rescue?			☐ Yes		☐ No				
Are there children who visit your home regularly?				☐ Yes		☐ No				
Are there other dogs living in your home?				☐ Ye	s	☐ No				
If Yes, please state the breed, name, ag	ge and sex:									
Name	Gender	Spa	yed/Neut	utered Age			Breed			
	□M □F	☐ Ye	s 🗌 No							
	□M □F	☐ Ye	s 🗌 No)						
	□ M □ F	☐ Ye	s 🗌 No)						
If any of these animals are not spayed/r	neutered, pleas	se expla	ain why:							

How many dogs have you owned in the past five years?												
What happened to them?												
Do you have cats?	Yes	☐ No	How many:									
What other animals do you have (domestic and/or livestock)?	'	'									
Please state the ages and genders of everyone in your household who will be living with the dog, including children:												
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 this property?	☐ Own		Rent									
If you Rent, what is your landlord's name:		Phone:										
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?												
Where will the dog be kept during the day?												
Where will the dog be kept when you're not at home?												
Where will the dog sleep at night?												
You MUST provide the contact information for your current veterinarian and you may provide up to two additional references. References may include a neighbor, your employer, or a friend who owns a Newf or another large or giant breed dog.												
Name:	Re	Relationship:										
Address:	Ph	Phone:										
Name:	Re	Relationship:										
Address:	Ph	Phone:										
Name:	Re	Relationship:										
Address:		Ph	none:									
Were you referred by a member of NCNE or another Newfo	oundland Clu	b?										
You are welcome to include any additional information here	or on addition	onal sheets.										