



Top of Texas Corgi Rescue, Inc. Adoption Application

Thank you for considering adopting a rescue corgi from Top of Texas Corgi Rescue, Inc (“TTCR”). The following information will help us to make the best match for your family and lifestyle. Our rescue corgi’s welfare is our primary concern when completing an adoption.

You must meet the following criteria before your application will be considered:

- Be 21 years of age or older with identification showing your present address.
- Have consent of the property owner (if it is someone other than yourself) and members of your household.
- Be able to and willing to spend the time and money necessary to provide medical treatment, proper care and training for your dog.
- I understand that TTCR is a nonprofit organization. I understand that an adoption fee is necessary to help offset costs incurred to rescue and care for each dog. The adoption fee is \$_____ and covers spay/neuter, microchip, vaccinations, heartworm testing and other medical care/mediations particular to each dog.
- I understand that a home visit is required before adoption placement.
- Accurately complete this application. **Incomplete applications will not be considered.**
- I understand that corgis shed continuously throughout the year.

Completion of this application does not guarantee adoption of a TTCR rescue corgi.

Your Name: _____ DL#/State _____

Address: _____ City: _____ State: _____ Zip: _____

Your Date of Birth: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Employer’s Address: _____

Spouse’s Name: _____ Spouse’s Employer: _____

Number of adults (over the age of 18) in household: _____

Names and ages of adults and their relationship to you (brother, mother, roommate, significant other, etc.): _____

Number of children who live in your home: _____

Names and ages of children: _____

Are you aware that corgis are heavy shedders: Yes No

Will you be able to live with hair on your furniture, possible stains on your rug, perhaps a chewed up shoe or other item: Yes No

Does anyone living in the home have allergies to dogs: Yes No Does anyone living in the home have asthma: Yes No

Do all the adults in the house consent to this adoption: Yes No

Do you live in a House Apartment Townhome Mobile Home Military Housing Other

If other, please explain: _____

Do you plan to move in the next 12 months: Yes No

If you move, what arrangements will you make for your dog: _____

If you rent, does your landlord allow pets: Yes No

Can proof of deposit be obtained from your landlord: Yes No

Do you intend for this to be an outside dog, inside dog, or both? _____

How long will the dog be left alone during the day? _____ Where will the dog be when left alone? _____

What area(s) of the house will the dog be allowed into? _____

Where will the dog sleep at night? _____

Do you have a fenced yard? Yes No If no, please describe potty arrangements your dog: _____

How would you describe your home: Grand Central Station Some Activity Quite/Calm

Would you describe yourself as: First Time Owner Have Had One or Two Knowledgeable & Experienced

If your dog is not housebroken, please describe your housetraining methods: _____

How do you plan to train this dog? _____

How much of the time will the dog be outdoors? _____ How much of the time will the dog be indoors? _____

Please list your current veterinarian: _____

May we contact your veterinarian for a reference check: Yes No

Do you have experience with the Pembroke Welsh Corgi: Yes No

Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your dog? Yes No

Are you able to make a long term commitment to care for your pet for its entire life span which could be 10-14 years? Yes No

Under what circumstances would you not be able to keep this dog? _____

Briefly describe what activities you plan to enjoy with your dog and what you are looking for in a companion?

Personal Reference #1:

Name: _____ Address: _____

Phone Number: _____ Email: _____

Personal Reference #2:

Name: _____ Address: _____

Phone Number: _____ Email: _____

Signature of Potential Adopter(s): _____