



**COLLIE RESCUE LEAGUE OF NEW ENGLAND, INC**

*Assisting collies since 1987*

(800) 236-3265

**Mail Application to:**

Collie Rescue League of New England, Inc.,  
 Attn: Jay Balboni, Applications Coordinator  
 P.O. Box 162, Wolfeboro Falls, NH 03896

**ADOPTION APPLICATION**

<b>Name(s)</b>	
<b>Physical Address</b>	
<b>Home phone</b>	
<b>Cell/Work #</b>	
<b>Email address</b>	
<b>Occupation</b>	

Own home <input type="checkbox"/> rent home. <input type="checkbox"/>	
<i>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 homeowner's association permitting a large dog.</i>	
<b>Length of residency</b>	
<b>Adults age range</b>	
<b># of children /ages</b>	
<b>Do children visit the home?</b>	
<b>Have you re-homed a pet? If so, why?</b>	

<b>Has anyone in the home been charged with or convicted of cruelty to animals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please explain in detail:</b>	

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<b>Describe neighborhood</b> <input type="checkbox"/> Schools nearby <input type="checkbox"/> Busy roads/highways <input type="checkbox"/> Quiet <input type="checkbox"/> Residential
<b>Fenced in yard?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type and height of fence:</b>
<b>How will you exercise your collie?</b>
<b>Where will collie reside during the day?</b>
<b>Where will collie spend the evening?</b> <b>sleep?</b>

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

<b>Looking for:</b> <input type="checkbox"/> primarily a house dog <input type="checkbox"/> Outside dog
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<b>Outside collie will be</b> <input type="checkbox"/> loose <input type="checkbox"/> in a fenced yard <input type="checkbox"/> loose, no fence <input type="checkbox"/> tied on a run <input type="checkbox"/> tied to a doghouse <input type="checkbox"/> kept in a kennel or pen <input type="checkbox"/> leash walked only
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<b>Ideal collie:</b> <input type="checkbox"/> quiet temperament <input type="checkbox"/> high energy collie <input type="checkbox"/> active collie
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<b>Purpose/use</b> <input type="checkbox"/> house pet <input type="checkbox"/> working livestock <input type="checkbox"/> obedience/competition <input type="checkbox"/> guard dog <input type="checkbox"/> companion
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<b>Age range:</b> <input type="checkbox"/> puppy <input type="checkbox"/> Adult (1-6 yrs.) <input type="checkbox"/> Mature (6-9 yrs.) <input type="checkbox"/> senior (10 years and older)
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<b>Collie type:</b> <input type="checkbox"/> rough coat <input type="checkbox"/> smooth coat <input type="checkbox"/> either
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<b>When did you have your last dog?</b>
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List all dogs currently in home			
Breed	Age	Name	Spayed/Neutered?

How much area is securely fenced in for a collie?

Any other types of pets? Please list below			

Why a collie? What information do you know about the collie breed?

Have you owned a collie before?  Yes  No

Do you have applications with other collie groups?  Yes  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 of feeding, vetting, grooming a collie:

Veterinarian Name:

Address:

Phone #:

How long with this veterinarian?

List 3 references (non-relatives who can speak about your dog experiences)		
Name	Phone #	Relationship

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<b>Describe your ideal collie:</b>
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**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 to CRLNE regarding the veterinary care of my past and present pets.	
I understand that if my application moves forward 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 that if I am a previous adopter CRLNE will make another home visit if it has been more than 2 years or if my home environment has changed.	
I understand that not all available collies are posted on the CRLNE website and sometimes collies are adopted without ever appearing on the website.	
I understand that CRLNE must complete the adoption application process including a home visit before details on a specific collie are discussed and that if I am applying for a specific collie, he or 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 that 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 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.	

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 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 Collie Rescue League of New England permission 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 your permission for us to speak with them). I also agree to have a volunteer visit my home.

<b>Signature:</b>
<b>Date:</b>