

ADOPTION APPLICATION

Name: _____

Driver's license number: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

About Your Home

Do you live in a(n)?: House Townhouse Apartment/ Condo Other:

Your home is: Owned or Rented

If renting, is your name on the lease? YES NO

If renting, do you have your landlord's permission to have a dog?

YES NO

Landlord's name and phone:

Who shares your household?

Spouse Roommate(s) # _____ Boyfriend/Girlfriend

Other: _____

Are there children in the home? YES NO If yes, how many? _____ How old? _____

If your present relationship/ living situation were to change and you were no longer able to care for the dog, a new application must be submitted and approved in order to transfer ownership. Initial: _____

Do you plan to move soon?

Does anyone in your household have an allergy to dogs that you are aware of? YES NO

Is someone home during the day? YES NO

Who? _____

How many hours will your dog be alone each day?

Where will your dog spend most of his/her day when you are home?

Where will the dog stay when he/she is home alone?

Where will the dog sleep at night?

Yard

I do not have a yard at this time (skip to the next section)

What outside areas are available to the dog? (check all that apply) front yard dog house back yard garage enclosed patio other:

Do you have a doggie door? YES NO

Is your yard shared with neighbors? YES NO

Is your yard fenced? YES NO

What is the type of fence?

Have you recently inspected your fences? YES NO

Are they in good condition with no holes or loose points? YES NO

Your Experience with Dogs

How would you describe your dog owning experience?

- I have had dogs of my own as an adult
- I grew up with dogs or have worked with them but have not had my own as an adult
- I have never had one or have limited experience with dogs

Other:

Have you owned the breed of dog that you are interested in adopting before? YES NO

If no, what is your experience with them?

What do you appreciate about this breed?

How are you prepared to address any behavioral problems if they occur? Please be specific:

Do you currently have pets? YES NO

If yes, please complete the following: Type Breed Gender Age Spay/Neutered? If not, why?

ABOUT THIS DOG

Why do you want to adopt this dog/breed?

Have you or would you be willing to enroll your current dog(s) in obedience classes if needed? YES NO

In which of the following situations might you allow your dog off leash?
public park dog park beach hike neighborhood walk back yard
front yard

If your dog got out/ was lost, what would you do?

What food will you feed the dog? (Specify brand if known)

Dry _____ Canned _____ Other

Can you afford to provide medical care, grooming, proper diet, shelter, and exercise for your new 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 as long as 15 years or more? YES NO

Who is your veterinarian (name and phone)?

If you move, what will you do with your dog?

Please read and initial each statement below:

_____ I understand that a home visit might be required prior to final placement.

_____ I understand that a home visit does not guarantee placement.

_____ I understand that a Vet Reference is required

Signature:

Date:

