



Dog Adoption Application

Name of dog applying for: _____

GENERAL INFORMATION:

Name of Applicant(s): _____

Address: _____

City/State/Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address(es): _____

Applicant's date of birth: _____ Spouse/Partner's date of birth, if applicable: _____

Place(s) of employment: _____

Driver's License/State ID number: _____

Do you live in a house, apartment/condo, mobile home, or townhome?: _____

Do you own or rent?: _____

If you rent, please provide your landlord's name and phone number: _____

Please note that if you rent, we reserve the right to request that you provide us with a signed copy of your leasing agreement before the adoption can be finalized. If you do not have a copy of this contract, please contact your landlord for a copy.

Are you in the process of moving (or anticipate moving) in the next few months?: _____

Are you at least 21 years of age or older?: _____

HOUSEHOLD INFORMATION

Please list the names and ages of all people living in the home and their relationship to you:

Name, Age, and Relationship: _____

Are all members of the household aware of the intent to adopt?: _____

Have you ever been arrested for or convicted of animal abuse or neglect?: _____

Do children (not in the immediate family) ever visit your home? If so, please specify their ages and how often they visit: _____

Does anyone in the household have allergies to dogs?: _____

If you ever move, have you considered that another place may not allow pets or may have certain breed restrictions? What will you do if this happens?: _____

If you're military, what are your plans for the dog when/if you deploy or PCS?: _____

How would you describe your household (e.g. active, noisy, quiet, etc.)?: _____

Do you have a fenced in yard?: _____

If yes, describe the area and the **height/type** of the fence: _____

If no, please describe how the dog will get adequate play time and exercise on a regular basis: _____

CURRENT PET INFORMATION

Please complete the following for any pets currently living in your home:

Type (dog, cat, etc.): _____

Age: _____

Sex: _____

Breed: _____

Years Owned: _____

Spayed/Neutered: _____

Type (dog, cat, etc.): _____

Age: _____

Sex: _____

Breed: _____

Years Owned: _____

Spayed/Neutered: _____

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Sex: _____

Breed: _____

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Age: _____

Sex: _____

Breed: _____

Years Owned: _____

Spayed/Neutered: _____

Are all pets current on flea/heartworm prevention?: _____

If yes, please indicate what form of flea/heartworm preventative you use: _____

If no, please explain: _____

Are all pets current on vaccinations?: _____

If no, please explain: _____

Please provide the following contact information for your veterinarian (or prior veterinarian for past pets):

Name: _____

Address: _____

Phone number: _____

If your vet records would be under a different name other than the one provided on this application, please provide the full name: _____

Do you have other veterinarians that may have records for your current or past pets? If so, please provide the following contact information for each vet:

Name: _____
Address: _____
Phone number: _____

Name: _____
Address: _____
Phone number: _____

NEW PET INFORMATION

What is your past and/or current experience with dogs, if any?: _____

What kind of characteristics are you looking for in a dog? Please be as specific as possible: _____

What activities do you primarily want to do with your dog?: _____

Who will primarily care for this dog (feeding, playtime, walks, vet visits)?: _____

Have you ever surrendered or given away any pet to an animal welfare group, private rescue or individual person, including any family members?: _____

If so, please **fully** explain the circumstances: _____

If your dog exhibited undesirable behaviors such as human aggression, animal aggression, housetraining problems, excessive chewing, separation anxiety, etc., what would be your course of action?: _____

Generally speaking, where will you keep this dog? Please be as specific as possible - will the dog have free run of the house, be crated inside, be crated outside, etc.?: _____

Where will the dog be kept when you're not home?: _____

On average, how many hours a day will the dog spend alone?: _____

Would you consider using a crate to confine your new dog?: _____

Are you willing to:

House train a dog?: _____

Crate train a dog?: _____

Leash train a dog?: _____

Provide specific food if dog has allergies or otherwise requires it?: _____

Provide supplements if dog has joint issues or otherwise requires it?: _____

REFERENCES

Please provide the following information in its entirety for references. Please note that we **do** call references and all references must have a working phone number in order for the application to be processed. Please do not include any members of the household as your references.

Reference #1:

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Reference #2:

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Reference #3:

Name: _____

Address: _____

Phone number: _____

Relationship: _____

ADDITIONAL INFORMATION

Please feel free to include any additional details that you feel we may need to know to best match you with the right dog. The more you can tell us, the better! We want to make this a positive experience for both you and your potential new family member, so feel free to tell us what you're looking for and any other information that might be useful: _____

I certify that I have read this questionnaire and that all information I have given is true and accurate, and that I understand that any falsification may result in the nullification of an adoption. I understand that owning an animal can often be costly and I certify that I'm financially able to provide proper care for this animal over the course of his/her life.

If filling out electronically, you certify that typing your name and date below represents a signature on your behalf:

Applicant's Signature

Date

Spouse/Partner's Signature, if applicable

Date

If filling out on paper, please sign and date below:

Applicant's Signature

Date

Spouse/Partner's Signature, if applicable

Date