



ADOPTION APPLICATION

Name of Pet(s) you are interested in adopting: _____

Name of Applicant _____ Occupation _____

Name of Spouse/Significant Other _____ Occupation _____

Names and Ages of Children if any _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contact _____ Phone Number _____

Do you live in a house _____ Apartment _____ Condo _____ Town House _____ Other _____

Landlord's Name and Phone Number _____

Do you own _____ Rent _____ If you rent do you have your landlord's permission? _____

How much time will the dog spend outside _____ How much time indoors _____

What percent of the time will the dog be left alone with no humans? _____

Where will the dog be when left alone? _____

What areas of the home will the dog be allowed? _____

What areas of the home will off limits to the dog? _____

Where will the dog sleep at night? _____

Do you have a dog proof fenced yard? Yes _____ No _____ If yes, how high is the fence? _____

Type of Fence _____ Are the gates normally locked? _____

Do you have a doggy door? _____

Do you have a pool? _____ If yes, is it fenced separately from the yard _____

Other Pets (Specify number of each) Dogs _____ Cats _____ Other _____

If you have any dogs or cats, are they spayed/neutered? _____

What pets have you had in the past? _____

What happened to the pets you no longer have? _____

What would happen to the dog if you moved?

Locally _____

Out of State? _____

Out of the Country? _____

Where would the dog go when you go on vacation? _____

Do you have a veterinarian? _____

If So, Vet's name _____

Vet's address and phone _____

Why do you want a dog? (check all that apply)

_____ House Pet _____ Companion for Family _____ Companion for Children

_____ Watchdog _____ Companion for Pets _____ As a Gift _____ Protection for Home/Family

_____ Protection for business Other (specify _____)

Does anyone in the household have allergies? _____ Yes _____ No If yes, what kind? _____

How often do you plan to exercise dog? _____

Are you committed to potty train dog if required? _____ Yes _____ No

Will you be able to live with hair on your furniture, stains on the rugs, a warm body in your bed, and an animal that might be destructive at times? _____ Yes _____ No

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

If your dog were injured or ill, are you committed to take him/her to the vet? _____ Yes _____ No

Are you able to make a long term commitment to care for this dog for the entire life span, which could be 10 or 20 years? _____ Yes _____ No

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

Signature _____ Date _____

**COMPLETION OF AN APPLICATION DOES NOT GURANTEE
ADOPTION OF AN ANIMAL**