

ADOPTION APPLICATION

Adopter	Spouse
Full Name:	Full Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone (home):	Telephone (home):
Telephone (cell):	Telephone (cell):
Email Address:	Email Address:
Date of Birth:	Date of Birth:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
City/State/Zip:	City/State/Zip:
Telephone (work):	Telephone (work):
Do you work from home?	Do you work from home?
Average # of hours you work each week?	Average # of hours you work each week?

About the Dog You Wish to Adopt
Is there a specific dog you are interested in? If "Yes", what is their name?
I/We Desire a dog that is:
Age range: <input type="checkbox"/> Puppy <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Senior
Size (when full grown): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large
Desired Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Preference
Are you willing to adopt dog that: <input type="checkbox"/> needs training <input type="checkbox"/> is shy <input type="checkbox"/> special needs <input type="checkbox"/> must be an only pet

Family Information: List any minor (under age 18) children who live in OR frequently visit the home:
Child 1 Name/Relationship/Age:
Child 2 Name/Relationship/Age:
Child 3 Name/Relationship/Age:
Child 4 Name/Relationship/Age:
Child 5 Name/Relationship/Age:
Child 6 Name/Relationship/Age:
Other adults (over age 18) who live in the home (other than Adopter 1 & 2):
Adult Name 1/Relationship/Telephone:
Adult Name 2/Relationship/Telephone:
Adult Name 3/Relationship/Telephone:
Adult Name 4/Relationship/Telephone:

Other Pets - Are there Other Pets in the Home?					
	Species/Dog? Cat?	Name	Age	Sex	Altered?
Pet 1					
Pet 2					
Pet 3					
Pet 4					
Pet 5					
Are all pets in the home current on vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are all dogs in the home licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever surrendered a pet to Animal Control? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes-why?)					
Have you ever had a pet euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes-why?)					
Have you ever lost a pet to an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes-what happened?)					

About Your Home	
Type of dwelling:	<input type="checkbox"/> House <input type="checkbox"/> Condo/Townhome <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile <input type="checkbox"/> Other
Do you OWN or do you RENT this Property?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Do you have Homeowner's or Renter's Liability Insurance?	
Name of Insurance Company: (i.e., State Farm, USAA, etc.)	
Environment	
Describe your household:	<input type="checkbox"/> Active <input type="checkbox"/> Noisy <input type="checkbox"/> Quiet <input type="checkbox"/> Average
Is your neighborhood/complex dog friendly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No Approximate size of yard: ____ feet x ____ feet Acre(s) ____
	<input type="checkbox"/> Wood Fence? <input type="checkbox"/> Chain Link Fence <input type="checkbox"/> Wrought Iron Fence <input type="checkbox"/> Concrete /Block Wall <input type="checkbox"/> Other
Are exterior gates locked at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an in-ground swimming pool or spa?	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the pool/spa fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use the services of a :	<input type="checkbox"/> Gardener <input type="checkbox"/> Pool Maintenance
When the dog goes outside, how do you plan to supervise it?	
If you do not have a yard, where will the dog go to the bathroom?	
How many times a day will you walk your dog?	
Where will the dog be during the day?	
Where will the dog sleep at night?	
How will the dog stay/be cared for if you travel or go on vacation?	
Maximum hours/day the dog will be alone:	Do you have a kennel or large crate? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum amount of time you would leave the dog a kennel or crate?	
How will the dog be sheltered from extreme heat, cold, rain, snow, thunderstorms, fireworks?	

Experience with Akitas or Other Large, Dominant Breed Dogs	
Have you ever owned an Akita before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever owned a large-breed dog other than an Akita?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the breeds:

Training/Discipline/Behavior Modification/Management	
How much time will you allow a new pet to adjust to your home?	
Have you ever housebroken a dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will you handle excessive barking, digging, resource guarding, aggression towards people or other Domesticated animals?	
Under what circumstances would you not keep a dog?	
Under what circumstances would you euthanize a dog?	
Do you agree to contact Akita Angels if you have any issues or concerns with this dog?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you agree to contact Akita Angels if you can no longer keep this dog?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

List the Person who has agreed to care for the dog if you become injured, seriously ill, or suddenly die?	
Name:	Relationship:
Telephone:	Email:
Address:	
City/State/Zip:	

References	
Reference 1:	Phone:
Reference 2:	Phone:

Veterinarian – Do you have a Veterinarian you use and trust?	
Vet Name:	
Name of Clinic:	
City/State & Telephone:	

With my signature below:

1. I have voluntarily completed and submitted this Adoption Application and have provided truthful responses to each question. I understand that providing any false information on this application will result in an immediate rejection of my application.
2. I understand that this Adoption Application does not constitute an Agreement - implied or otherwise - that a dog will be adopted to me. I understand that Applications are screened by several members of Akita Angels with the goal of making a good match between an adopter and a dog. I understand that the dog I wish to adopt may be deemed to not be suitable for me, my home, my living situation, etc., or that my application may be denied for any reason.
3. I understand that Akita Angels may request additional information from me. I also authorize Akita Angels to contact any person or entity that I have voluntarily listed on this application (to include but not limited to my employer, landlord, references, veterinarian) for additional information, to verify information that I have provided, or request to see a copy of my Rental/Lease Agreement, Homeowner's/Property Owners Association CC&R's, or Homeowner's/Renter's Insurance policy to ensure there are no breed ban on Akitas or similar large, dominant-breed dogs, or restrictions on the size or weight of an animal.
4. I have reviewed Akita Angels' Adoption Process (www.akitaangels.org/Adopt) and understand that Akita Angels reserves the right a) to request additional information; b) modify the Adoption Process at any time, for any reason, and without advance notice or explanation; b) to approve or deny an application for any reason, at any time, and without explanation; c) To adopt or refuse adoption of any dog to any person or any family at any time, for any reason, and without explanation.

Adopter	Spouse
Date:	
Printed Name:	
Signature:	