



Shelter Pet Partners
 El Cajon, CA 92021
 (619) 866-6035
 www.shelterpetpartners.org

To be completed by SPP representative	
Animal's Name	_____
Breed/Color	_____
Age	_____ Sex _____
F.P. Name	_____
F.P. Contact #	_____

Adoption Site: _____

Dog Adoption Application

Please Print Clearly

Name: _____ Date: _____

Spouse/Roommate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Occupation: _____ Spouse/Roommate Occupation: _____

Employer: _____ Spouse/Roommate Employer: _____

PERSONAL REFERENCES (Do not include anyone living with you)

Name:		Name:	
Phone:	Relationship:	Phone:	Relationship:

- Do you live in a: House Condo Apartment Mobile Home Military Housing Other (Specify): _____
- How long have you lived there? _____
- If less than 2 years, please give previous address: _____ How long? _____
- Do you rent? Yes No If Yes, do you have your landlord's permission to have dogs? Yes No
- May we contact your landlord? Yes No Landlord's Name: _____ Phone: _____
- Would you object to an inspection of your premises by a rescue representative? Yes No
- Are you willing to provide adequate medical care if this dog should become sick or injured? Yes No
- Healthy dogs require annual vaccinations & routine medical care. What would you estimate the annual cost to be? _____
- Name of veterinarian/hospital: _____ Phone: _____
- If your dog were to get ill what would you be willing to spend for medical care: \$ _____
- Do you plan to put an I.D. tag on your dog? Yes No Do you plan to license your dog? Yes No
- Are you willing to attend obedience classes? Yes No If you have inquired about classes, where? _____

13. Dogs left alone frequently chew, dig & bark. How do plan to deal with these potential problems?

14. Will your dog be kept mostly: Outdoors Indoors Both Do you have a pet door? Yes No

15. What kind of outdoor shelter do you have for dogs? _____

16. How many hours per day will it be left alone? _____

17. Do you have a swimming pool? Yes No If yes, how is it fenced/covered? _____

18. Do you have a fenced yard? Yes No If yes, how high is the fence & what is it made of? _____

19. Is anyone in your household allergic to animals? Yes No

20. If "Yes" are they on medication that can control the allergies? Yes No

21. Have you owned a cat or a dog before? Yes No If yes, what happened to them? (If deceased, please state cause of death, age at time of death and how long ago.) _____

22. Do you currently own any animals? #, age and breed of Dogs: _____ # of Cats: _____

23. Have they all been spayed or neutered? Yes No When were they last vaccinated? _____

24. If any, list the *names & ages* of all children living at home: _____

25. Who will be responsible for feeding, grooming, and training your new dog? _____

26. How often do you travel? _____

27. How do you plan to provide for the dog when you are out of town? _____

28. What will happen to the dog if you move: *Locally*? _____

Out of state? _____ *Overseas*? _____

29. Under what circumstances would you not keep this dog? Divorce Move New Baby New Job Illness

Other: (Be specific) _____

30. Why do you want a dog? (Please mark as many choices as apply to you. Number in order of importance. 1 being the highest)

For Children _____ Companion _____ For Spouse _____ Protection _____

As a Gift _____ For Other Pet _____ Other _____

31. Are you prepared to accept this kind of responsibility for his or her ENTIRE life? Yes No

32. How did you learn about this dog? PetSmart Petco Adopt a Pet Petfinder SPP Facebook SPP Website

Friend/Family Craigslist Union Tribune Adoption Event Other (Specify): _____

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE
THAT I WILL BE SELECTED TO ADOPT THIS ANIMAL.

I CERTIFY THAT THE ABOVE IS TRUE AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION.

Signature: _____ Date: _____

Adoption Approved By: _____ Counselor: _____ Date: _____