



Adoption Application

PET NAME _____ Office Use Only
DATE _____ HP REP _____
ADOPTION FEE _____ CSH CHK CC

Name _____ Co-Applicant _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please indicate where you live: apartment condo/townhouse house Other _____

How many times have you moved in the last 5 years? _____

Do you Own Rent Does your landlord/lease allow pets? No Yes Weight limit _____

Name of apt complex _____ phone _____

Amount of pet deposit? _____ Your Age: _____

Is there a limit to the number of pets allowed? No Yes How many? _____

Are you willing to allow a representative to visit your home by appointment?

Yes No Why? _____

Employer _____ Occupation _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Working Hours _____ E-mail Address _____

Please check any of the following reason for adopting this dog:

- Family Pet Child's Pet Watchdog Companion Hunting dog
 Guard dog for business companion for other pet gift other, please specify _____

Are there any other adults living in the household? No Yes If yes, please list below

1. Name _____ Relation _____ Age _____

2. Name _____ Relation _____ Age _____

Are any family members of your household allergic to pets?

No Yes What steps will you take to accommodate the dog(s) and the household member?

Are you aware of any issues that currently exist that may impact your ability to care for and / or keep a dog?

No Yes, Please explain _____

How many children at home? _____ Please list ages _____

Will this pet be a surprise for anyone? No Yes Who? _____

How many pets do you currently have in your home now? _____

Please list types and ages below

Type of pet/Name	Age	Spayed/neutered	Current on vaccinations ?
1.			
2.			
3.			
4.			

In addition to those listed above, what other pets have you have owned? Please describe what happened to each of those pets

Type of pet	Age	Altered?	How long?	Describe what happened.
1.				
2.				
3.				
4.				
5.				

Veterinarian's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

How much do you expect to spend annually on vet care for your dog? _____

Do your current or past pets receive heartworm and flea preventative? Yes, Type and frequency? _____

No Why? _____

Who will be responsible for daily care and training of your new dog? Self Spouse Children Roommate

Is your yard fenced in? No Yes Type? _____ Height _____

Will you ever let your dog off leash in an un-fenced area? Explain _____

Max hours pet will be left alone on a typical day? _____

Where will new dog stay when you are not at home?

outside in fenced area outside in dog pen outside on chain or tie-out inside in basement

in the garage inside free run of house inside in crate inside in one room of house Room? _____

Other _____

Where will new dog sleep at night? Dog house in fenced in yard dog house in dog pen dog house near tie-out inside in basement

In the garage inside free run of house inside in crate in my bed other _____

Have you ever had a serious behavior problem with a previous dog? No Yes, Please explain _____

What methods will you use for house training? Crate training Newspaper Rubbing nose

Swatting w/ newspaper Outside only Other Please explain _____

What circumstances, in your mind, justify giving up a dog? Aggression Medical Problems Ruining furniture Not house broken

Moving Divorce New Baby Shedding Allergies Children Lost Interest Getting Loose Barking Not getting

along with other pets Lost job Married Medical problems Not getting along w/ child Got too big Too time consuming

Other _____

Would you try to fix problem? No Yes How _____

Have you ever given up a pet? No Yes Why _____

If you date or marry someone who does not like or want pets, what will you do?

Find another home for him/her Have him/her put to sleep Give him/her to rescue group or shelter Other, please explain _____

If your dog develops an expensive medical problem what would you do?

Have him put to sleep Give him to rescue group or shelter Other, please explain _____

Can you provide a permanent loving home for this dog for 10-15 years? _____

Are you willing to keep a collar and ID tag on all of your pets including a new dog at all times? Yes No, Why not? _____

Have you ever looked at or applied for a pet with another rescue group?

No Yes, please list _____

Did you adopt? _____

REFERENCES

Reference Name	Address	City, State Zip	Phone
1			
2.			

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of the rescue dog and possible removal of said dog from my home. I consent to a Canine CellMates representatives discussing information on this application with any persons named on this application. Applicant must be 21 yeast of age or older.

Canine CellMates reserves the right to refuse any applicant for any reason. All completed applications become the property of Canine CellMates.

Signature of Adopter

Date

Canine Cellmates Office Info Below

D.L. Number	State	Exp	Phone Check	Vet Check	Home Visit

Dog Adopted? No Yes Name of dog: _____

Fee Paid \$ _____ Cash Check Charge _____ Exp _____

Added donation? No Yes \$ _____