

Dog's Name
Description of dog
Microchip ID#
Sex:Age:
Date:

DOG ADOPTION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

Applicant's Names (include spo	ouse)			
Address (include Apt. #)				
City		State	Zip	
Cell Phone	Home P	hone	Work Phone	
Email (include spouse)				
Occupations of ALL applicants				
Employers for ALL applicants _				
For Military Applicants – Branc	h and Commai	nd		
DESCRIPTION OF RESIDEN	<u>ICE</u>			
Rental (base housing)O	wned T	ype of Residence: House	Townhome	Condo/Apt
If you rent, landlord/owner's name (required):			Phone	
How long have you lived there	How long have you lived in Hawaii?			
Who lives in this household? In	clude ages and	d relationships of all occupant	s including children.	

<u>PETS</u>

What cats or dogs do you currently own? Are they sterilized and current on shots? Please list.

What cats or dogs have you owned previously as an adult and where are they now? (not family pets growing up). Please list.

Where will the dog live? Inside?_____outside?_____both?_____ If outside, describe the area(s)?

What happens if you must leave suddenly or if you travel? Who will care for the dog?

What are some situations in which you feel you might surrender this dog?

What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, tearing up plants/furniture or running off)

Dogs often live longer than 10 years. Are you committed to providing a forever home for this dog?_____

By signing this adoption application, I agree that:

I will NOT surrender or rehome this dog. I will contact PDP and return the dog to PDP.

I will not <u>crop the ears</u> or <u>dock the tail</u> of this dog – an inhumane and unnecessary practice opposed by the American Veterinary Medical Association.

I am 21 years of age or older and I am able to provide proof upon request.

If I have omitted or provided misleading or inaccurate information, my application will be denied and any adoption rescinded.

Printed Name

Date

Signature