

# ADOPTION APPLICATION

We accept multiple applications on every dog, once the applications are screened and home visits are completed a decision based on the best match for the dog. **ALL questions MUST be answered.**

**Pets Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Adopter Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Residence and Household Information**

### **1. Do you live in a:**

HOUSE

APARTMENT

CONDO

TOWNHOUSE

MOBILE HOME

### **2. Do you:**

OWN

LEASE TO OWN

LIVE WITH PARENTS

RENT

**If you rent, please provide the landlords name and contact number (If you rent and do not supply the landlord's information and phone number, this application will not be screened)**

\_\_\_\_\_

\_\_\_\_\_

Please list EVERYONE in the household including their age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If you have children, have they lived with a dog before? YES NO

4. What will their responsibilities be in caring for the dog?

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5. When we schedule a home visit, what time would be best for you?

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6. Who is this animal for? \_\_\_\_\_

7. Why do you want to adopt this animal?

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8. Does everyone in your home know you are adopting an animal? YES NO

If no, why \_\_\_\_\_

9. Who will be primarily responsible for the care of your new pet?

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10. Do you consider yourself financially stable enough to provide proper diet and medical care for a dog, including monthly heart worm preventative and emergency treatment if necessary? YES NO

11. What behaviors might you be unwilling to work with?

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12. Does anyone in your household have allergies? YES NO

13. If yes, please describe:

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14. Do you own any dogs or cats at this time? YES NO

**a. If yes, please list all:**

Name	Breed	Age	Spay/Neutered

If not altered or vaccinated, please explain why:

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Have you owner a dog/cat in the past 5 years that is no longer with you, where are they now?

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15. Who is your current veterinarian, **please give name, address, and PHONE #?**

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16. Have you ever given a dog away? YES NO

17. Will the dog be OUTSIDE ONLY INSIDE ONLY BOTH

18. How will you confine your dog to your property?

LEASH WALK TIE OUT FENCE

19. If you have a fenced yard **DESCRIBE THE FENCE:**

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20. How tall is the fence? \_\_\_\_\_

21. What type of fence is it? \_\_\_\_\_

22. Do you have a doggie door? YES NO

23. If you do not have an enclosed yard, how will the dog relieve him/herself, and exercise?

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24. Approximately how many hours will your dog be alone? \_\_\_\_\_

25. Where will your dog spend its time when you are away from home?

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26. Have any pets run away or been hit in the road? YES NO

27. Have you ever housetrained a dog before? YES NO

28. If yes, what housetraining method did you use?

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29. What will you do with the dog when you travel?

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30. What would you do if your current dog and the rescue didn't get along?

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31. What kind of a temperament are you looking for in a dog?

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32. What is your idea of disciplining a dog?

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33. What in your mind justifies giving a dog away?

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34. Are you aware that a rescue dog may have a history of abuse/neglect and may have behavioral issues that require training?

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By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I authorize investigation of all statements on this application.

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**Y g'f q'p qv adopt to homes where pets are not altered, cpf lqt 'p qv UTD on vaccinations or on Heart Worm preventative. We Reserve The Right To Refuse Any Applicant' hqt 'cp { 'eqo dlp cvkp 'qht gcup u.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### To Be Completed By Rescue Volunteer

.....**To be filled out by T g u e w g u ' C f q r v k p p ' E q q t f l p c v q t "**

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Vet check completed by: aaaaaaaaaaaaaaaaaaaaaa      Date: aaaaaaaaaaaaaa

Date of HW Test: aaaaaaaaaaaaaaaaaaaaaa

Date of last HW Preventative purchased: aaaaaaaaaaaaaaaaaaaaaa

Date of last rabies: aaaaaaaaaaaaaaaaaaaaaa

Date of last DHPP: aaaaaaaaaaaaaaaaaaaaaa

Altered: aaaaaaaaaaaaaaaaaaaaaa

Other comments " h t q o " x g v ' t g h t g p e g " t g i c t f l p i " e w t t g p v l r t g x l q w u ' r g u i :

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Spoke to: \_\_\_\_\_

Adoption Coordinators comments/notes on conversations with potential adopter and/or references: