



# DOG ADOPTION APPLICATION

HOME CHECK DATE: \_\_\_\_\_  
 CONDUCTED BY: \_\_\_\_\_  
 PAYMENT:  Check # \_\_\_\_\_  
 Credit  
 Cash  
 Spay/Neuter Voucher # \_\_\_\_\_  
 Tag # \_\_\_\_\_

Your Name \_\_\_\_\_  
 Profession \_\_\_\_\_  
 Phone \_\_\_\_\_  cell  home  business  
 Phone \_\_\_\_\_  cell  home  business  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_

Dog you wish to adopt: \_\_\_\_\_

Do you have any previous experience as an animal owner?  yes  no

Current veterinarian \_\_\_\_\_

Type of home you live in:  house  apartment  townhouse  other: \_\_\_\_\_

Do you own your own home?  yes  no

Is your yard fenced? front:  yes  no back:  yes  no

If yes, what type and height? front: \_\_\_\_\_ back: \_\_\_\_\_

Where will this animal live?  indoors  outdoors  indoors and outdoors

Where will this animal sleep?  indoors  outdoors  indoors and outdoors

Areas of your home where your dog will not be allowed: \_\_\_\_\_

How many hours would your dog be without human companionship on average? \_\_\_\_\_

Are you planning on moving in the next six months?  yes  no

If you were to move, what would happen to your dog? \_\_\_\_\_

Do you expect to keep this dog as part of your family for the rest of his/her life?  yes  no

Are you adopting this animal for yourself?  yes  no

If no, please explain \_\_\_\_\_

What do you expect from an animal companion? \_\_\_\_\_

What will you do if this animal destroys something valuable? \_\_\_\_\_

Would you ever remove your dog's voicebox, crop their ears or have their tail docked?  yes  no

If yes, under what circumstances? \_\_\_\_\_

Have you ever surrendered an animal to a shelter/rescue/humane group?  yes  no

If yes, to whom and for what reason? \_\_\_\_\_

Have you ever given away or given up ownership of an animal?  yes  no

if yes, to whom and for what reason? \_\_\_\_\_

Have you ever been denied adoption by a shelter/rescue/humane group?  yes  no

If yes, by whom and for what reason? \_\_\_\_\_

Do you believe animals should be spayed and neutered?  yes  no

Do you plan on vaccinating your animal annually?  yes  no

Do you have experience training dogs?  yes  no

Do you plan to take this dog to training/obedience classes?  yes  no

Will your dog be able to receive regular outdoor exercise?  yes  no

Would you install a doggie door for your pet?  yes  no

List animals you have now or in the past: (Name, species, age)

1.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

2.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

3.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

4.) \_\_\_\_\_  current  passed away  other: \_\_\_\_\_

Other people who live in your household:

Name, relationship, age: \_\_\_\_\_

Name, relationship, age: \_\_\_\_\_

Name, relationship, age: \_\_\_\_\_

Name, relationship, age: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is there anything else you would like to add? \_\_\_\_\_

I hereby certify that the above information is true and correct.

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