



WONDER DOGS

Adoption Application

Please remember to hit "SUBMIT" at the end or your information will not be saved and sent to us. Contact us at admin@wonderdogz.com with any questions regarding this form. Thank you!

Full Name

First Name Last Name

Date of Birth

E-mail

Address

Street Address

Street Address Line 2

City State

Zip Code Country

Phone Number - Home

Area Phone Number
Code

Phone Number - Cellular

Area Phone Number
Code

Employer

Street Address

Street Address Line 2

City State

Zip Code Country

Do you live in a:

Do you:

- Own
- Rent
- Live with Parents
- Other

**If renting, indicate
landlord contact
information:**

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Household Setting

- Rural
- Suburban
- Urban

**Describe your Homes
Activity Level**

- Busy/Noisy
- Moderate Comings/Goings
- Quiet with Occasional Guests

**Please List all People
Living in the Household
(Include Name,
Relationship, Gender and
Age)**

**Does Anyone in your
Household have Allergies
to Animals?**

Yes
No

**Are all members of your
Family agreeable to
Adopting a Dog?**

Yes
No

**Please List any Current
Pets (Please include
Name, Breed, Age,
Altered, Sex, UTD
Vaccines, Heartworm**

**Would you be willing to
have a Wonder Dogs
representative call your
veterinarian for a
reference check? (Please
authorize vet to speak
with us)**

Yes
No

Veterinarian Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number

Area
Code

Phone Number

**Are you willing to adopt a
dog of any age?**

Yes
No

**If no, what age would you
consider?**

**What size dog are you
willing to adopt? (Check
all that apply)**

Small
Medium
Large
No Preference

Are you willing to keep your new dog on heart worm prevention and keep him/her vaccinated?

Yes
No

If No, please explain

We cannot guarantee a dog to be housebroken, are you equipped to train with love and patience?

Yes
No

Do you have a fenced yard?

Yes
No
Partial

How many hours in a day would the dog be left alone?

By sending this electronically, I acknowledge that I have completely read this questionnaire and comprehend it fully. I understand that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application can result in the forfeiture of any Wonder Dogs Inc. animal adopted by me. I certify that the above information is correct, and I understand that the information will be verified. I understand that by submitting this form electronically, I agree to release and covenant to hold harmless Wonder Dogs Inc. and it's members from any claims, damages, costs, or actions incurred because of the care or actions of the adopted dog. I accept full responsibility for the dog(s) actions at all times, and release Wonder Dogs Inc. from any liabilities or damages that may be incurred because of adopting such dog(s). I agree to have Wonder Dogs Inc. complete reference call checks and conduct a home visit inspection to be able to approve my adoption application. I agree that if I'm unable to keep the dog(s) anymore that I will return the dog(s) to Wonder Dogs Inc. and try to give Wonder Dogs Inc. a 2 week period to try and find a suitable foster for the dog(s).

Date

Month Day Year

Name

First Name Last Name