Dog Adoption Application Form

Contact Information
Full name:
Occupation:
Address:
How long at this address:
Daytime Phone:
Evening Phone:
Best time to call:
Email address:
Family & Housing How many adults are there in your family (their relationship to you)?
How many children (ages)?
What type of home do you live in single family, town home, apartment, farm, etc.?
Please describe your household: Active Noisy Quiet Average
If you rent, please give the rules governing pets and the landlord's name and number:
Does anyone in the family have a known allergy to dogs?
Is everyone in agreement with the decision to adopt a dog?
Do you have time to provide adequate love, attention and exercise?

Other Pets

What other pets do you have (specify type and number)?
Are these pets up to date on vaccines?
Are these pets spayed/neutered? If notwhy?
Have you every surrendered a pet? If so, why?
Have you ever had a pet euthanized? If so, why?
Veterinarian
Do you have a regular veterinarian? Yes No
Veterinarian's name:
Clinic Name:
Clinic Address:
Clinic Phone:
About the Dog You Wish to Adopt
What is your idea of an ideal dog and why?
Desired age: Desired Size:
Desired breed:
Desired sex: _ Female _ Male _ No preference
Where will the dog spend the day? (describe)
Where will the dog spend the night? (describe)
Number of hours (average) dog will spend alone?
Who will have primary responsibility for this dog's daily care?

Mini Doodles Dandy	www.minidoodlesdandy.com
Who will have financial responsibility for this dog?	
Do you agree to provide regular health care by a Licensed Veterina	arian?YesNo
Do you agree to keep the dog as an indoor dog?YesNo	
When the dog goes out, how do you plan to supervise it? Fenced y	vard?
How did you hear about Mini Doodles Dandy?	
Personal References Please list someone who is familiar with both you and your pets.	
Name: Address: Phone: Relationship (relative, neighbor, friend, etc.):	
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All of the information I have given is true and complete. This dog will provide it with quality dog food, plenty of fresh water, indoor examination and vaccinations under the supervision of a licensed vaccination.	shelter, affection, annual physical

(Signature)

(Date)