

Dog Adoption Application Form

Name_____

Date_____

Address_____

Phone Number_____

Email_____

Are you 18 years or older? Y N

Driver's License ID_____

How many people live in your household?_____

Children? Y N How Many?_____ Ages?_____

Dog Experience_____

Living Status (please circle one)

Own Y N

Rent Y N Landlords number_____

Live with Parents Y N Parents number_____

Do you have any other pets?_____

Are your pets spayed and neutered?_____

How old is each pet?_____

Sex of each pet?_____

What type of dog are you looking for? _____

Do you have a fenced in yard? Y N

Will your new dog be an indoor or outdoor dog? _____

If outdoor, please describe the housing situation _____

Lifestyle

Do you work? _____ How many hours a day? _____

How many hours are you home? _____

How many hours will the dog be left alone? _____

Will you crate the dog? _____

If so, how many hours a day? _____

Veterinarian _____

Veterinarian's Practice _____

Phone number _____

Emergency Contact (outside of home)

Name _____

Phone number _____

Address _____

References (Please provide 3 personal references)

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

I certify that all the information above is true to the best of my knowledge.

Signature _____ Date _____