



# Adoption Application

It is our policy to make certain that each person who adopts an animal is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically and financially. Not every person who desires to adopt a pet should do so. By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the animal of interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

**Animal(S) OF INTEREST:** \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Current Home street address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Prior Home Address/addresses within the last 5 years; \_\_\_\_\_

—

Names of all persons living in your household, their relationship to you and their ages:

\_\_\_\_\_

\_\_\_\_\_

Occupation of adults in the home:

\_\_\_\_\_

Work schedule for adults in the home:

\_\_\_\_\_

\_\_\_\_\_

**YOUR HOME** Type of dwelling?  ♦ House •  ♦ Apt •  ♦ Condo •  ♦ Other \_

Do you rent or own?

If not a homeowner, do you have the landlord's permission to have a pet? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you presently have any animals? (please include Species, age, gender) \_\_\_\_\_  
\_\_\_\_\_

Have you previously had a pet if so, what happened to them? \_\_\_\_\_  
\_\_\_\_\_

Have you ever surrendered, sold or given up a pet?  
\_\_\_\_\_

Who would be responsible for the care of the pet? \_\_\_\_\_

What is your primary reason for adopting a pet? ♦ Companion • ♦ Guard dog • ♦ Fighting • ♦ Hunting • ♦ Attack dog  
• ♦ Other

If Companion, whose? ♦ You • ♦ Spouse • ♦ Children • ♦ Other pet • ♦ Someone else (who?): \_\_\_\_\_

Where would the pet sleep? \_\_\_\_\_

How many hours per day would the pet be left alone? \_\_\_\_\_

Where would the pet be left when he/she is alone? \_\_\_\_\_

If the dog will be outside at all, what outside space is available for the pet: ♦ Yard • ♦ Patio • ♦ Run • ♦ Balcony • ♦  
Unfenced yard • ♦ Other: \_\_\_\_\_

How do you plan to handle pet's exercise needs?  
\_\_\_\_\_  
\_\_\_\_\_

If you moved, would you be willing to make accommodations for the pet? \_\_\_\_\_

Under what circumstances would you not keep the pet? ♦ Divorce • ♦ Illness in family • ♦ Moving • ♦ New baby  
• ♦ New job • ♦ Housetraining problem • ♦ Chewing • ♦ Barking • ♦ Digging • ♦ Allergy • ♦ Shedding too much •  
♦ Dog grew too big • ♦ Dog became ill • ♦ Kids ignore the dog • ♦ Pets didn't get along • ♦ Not obedient enough ♦  
Other(explain) \_\_\_\_\_ ♦ Would  
not give up for any of the above

If the pet becomes ill or injured, are you financially prepared to provide the medical care?  
\_\_\_\_\_

The pet may live 15+ years, what would you do with your pet if you could no longer care for the pet?  
\_\_\_\_\_  
\_\_\_\_\_

As part of the adoption process, we may require a home visit, Would you allow a home visit prior to adoption?  
\_\_\_\_\_

Are there any characteristics that are essential/necessary in the pet you adopt? (ie. Temperament, training, size)

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Is there anything else you would like to tell us about yourself?

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**Please list two personal references and their relationship to you:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Veterinarian Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

In whose name are the records listed? \_\_\_\_\_

**Questionnaire Information: All of the information I have provided in this Questionnaire is true and correct. If any of the information changes, I will advise you promptly.**

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