

Dog Adoption Application



Name _____
 Address _____
 City _____ Zip Code _____
 Phone _____ Secondary _____
 E-mail _____

FOR OFFICE USE ONLY
 Staff: _____
 Dog's name _____ No. D- _____
 Approved: yes no pending
 Reason: _____

YOUR FAMILY

Who are you adopting this dog for?
 Myself Other _____
 Number of adults in home: _____
 Number of children: 0-5 _____ 6-9 _____ 10-17 _____
 Kids visit regularly? yes no
 Allergies in the family? yes no
 How busy is your schedule?
 Very Busy Average Not busy
 How would you describe the intended pet owner?
 Nervous Loud Calm Quiet
 Strong Personality Shy
 Are you planning the following in the next month?
 Moving Vacation New baby birth
 Where will your dog stay when you are away?

YOUR HOME

Type of home:
 House Apartment Rural Acreage
 Do you? own rent
 Landlord name: _____
 Landlord contact: _____
 How long have you lived at your current home? _____
 Your employer: _____
 On average, how many hours will the dog spend alone:
 Weekdays _____ Weekends _____
 Where will your dog stay during the day? _____
 Where will your dog stay during the night? _____

YOUR PET FAMILY

Species	Age	Sex	Fixed?	Vaccinated?
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Describe your home:
 Circus Average Monastery
 Public Storefront Hermitage
 Do you have?
 Doggie door Fenced yard: Fence height _____

YOUR EXPERIENCE

Why do you want a pet? _____

What do you want in a dog? _____

What do you need in a dog? _____

Reasons why you might return an animal

- Chewing digging barking mouthing
- runs away housetraining issues allergies
- bite chasing livestock not good with kids
- moving separation anxiety destructive in home
- not getting along with dogs not getting along with cats
- pulls too much

Have you adopted an animal before? Yes No

Where? _____

Have you had dogs before? Yes No

What happened to them? _____

What are you hoping to do with your dog?

- Jogging Off-leash hiking Agility Training
- TLC Herding Horseback riding Travel
- Hunting Other: _____

Have you ever surrendered an animal? Yes No

Why? _____

FEEL FREE TO PROVIDE ADDITIONAL COMMENTS BELOW:

ANIMAL NEEDS

Veterinarian name: _____

Veterinarian contact: _____

Are you willing to adopt a special needs dog?

- Medical needs/rehabilitation
- Emotional needs/rehabilitation

REFERENCES

1. Name: _____

Phone #: _____

2. Name: _____

Phone #: _____

3. Name: _____

Phone #: _____