



ADOPTION APPLICATION

Pet you're interested in: _____ Date: _____

Personal information (please print)

Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Zip code: _____ Phone: _____

How did you hear about us? _____

Household information

Number of Adults: _____ Ages: _____ Number of children: _____ Ages: _____

Detached Home _____ Condo _____ Apartment _____

Own _____ Rent _____ Lease _____

If you rent or lease, are there any pet restrictions? _____

Landlord Name: _____ Landlord Phone: _____

(we will be contacting your landlord to make sure owning a dog/cat is acceptable under your lease, we must receive positive confirmation before you can adopt)

All Current Pets: *(please allow us access to your vet's records by calling ahead and letting them know we will be contacting them)*

Name	Breed	Age	Sex/altered	Weight	Heartworm UTD	Vaccines UTD

(Please list further in home pets on last page of application and list reason if not UTD on vaccines or heartworm preventative)

Veterinarian's Name and Number: _____

Yard: Completely fenced _____ Ht: _____ Partially fenced _____ Ht: _____

No fence _____

Material: Chain link _____ Wood _____ Other _____

If no fence, the dog must be on a leash at all times.

How would you describe your level of experience with dogs?

- ☐ Never owned a dog
- ☐ Had a childhood dog
- ☐ Had one or more dogs as an adult
- ☐ Have experience with powerful breeds
- ☐ Have experience working at boarding/training facility, dog daycare, etc.
- ☐ Have experience working at a veterinarian
- ☐ Have experience with on-going medical issues of own dog
- ☐ Have experience with behavioral issues
- ☐ Am a professional dog trainer

What breeds have you had personal experience with: _____

Are you agreeable to crating the dog when dog is unattended: _____

How many hours will the dog be home alone: _____ Where will the dog be when alone: _____

If something happens to you and you are unable to care for the dog, what is your plan: _____

What situations do you feel unprepared for or unwilling to deal with: (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Excessive barking, | <input type="checkbox"/> Not good with children |
| <input type="checkbox"/> Destructive chewing, | <input type="checkbox"/> Not good with other dogs |
| <input type="checkbox"/> Not housetrained, | <input type="checkbox"/> Not good with small animals/cats |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Scratching/biting |
| <input type="checkbox"/> Escaping | <input type="checkbox"/> Administering medications |
| <input type="checkbox"/> Resource (food/toy) aggression | <input type="checkbox"/> Providing on-going training |
| <input type="checkbox"/> Shy, fearful, undersocialized | <input type="checkbox"/> Very high activity level |
| <input type="checkbox"/> Deaf/blind | |

Size preference:

☐ Small

☐ Large

☐ Medium

☐ Giant

Breed preference: _____

Age preference: _____

Please list any additional information that we may need _____

Please list any additional dogs/cats in the home: _____
