



www.GreenawaldsService.com

Dog Adoption Application Form

Contact Information

Full name: _____
Occupation: _____
Address: _____
How long at this address: _____
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:

(by providing this information you are allowing us to contact your landlord, please inform them of this call so they will speak with us)

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 and attention? _____

Are you, or any household member, active military or a military Veteran? YES _____ NO _____

Greenawalds Service Inc.
P.O.Box 841095 Houston, TX 77285
832-817-1180



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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 not, why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing us with this information you are allowing Greenawalds Service Inc to call your vet. Please call your vet and ask them to authorize the release of information to us.)

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? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

I certify that the information I have given in this application is true and I understand giving false information will result in loss of adoption privileges from Greenawalds Service Inc.

(Signature)

(Date)

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