



## Application Form

*I am interested in:*      Fostering      Adopting

### Contact Information

Full name: \_\_\_\_\_

*Please add your name listed on your drivers license, we will ask for a copy with this application*

D.O.B: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived at this address:

\_\_\_\_\_

3 Previous Addresses: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you or anyone living in home ever been arrested? If Yes Please list : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family & Housing

How many adults are there in your family (their relationship to you)? Please add full names for background checks,

\_\_\_\_\_

How many children (ages)?

\_\_\_\_\_

What type of home do you live in a single family, town home, apartment, farm, etc.?

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Please describe your household: \_\_\_ Active \_\_\_ Noisy \_\_\_ Quiet \_\_\_ Average If you rent, please give the rules governing pets and the landlord's name and number:

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? \_\_\_\_\_

## **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? \_\_\_\_\_

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

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

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Have you ever lost a pet to an accident?

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How do you discipline your pets and why?

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## **Veterinarian**

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

Clinic Name:

Clinic Address:

Clinic Phone Number:

## **About the Dog You Wish to Adopt**

What is your idea of an ideal dog and why?

Desired age: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Desired breed: \_\_\_\_\_

Breed you would not adopt: \_\_\_\_\_

Desired sex:  Spayed Female  Neutered Male  No preference

### ***I am willing to adopt:***

Outgoing/hyper dog      shy dog      dog that needs regular medication      dog that needs grooming  
dog that needs training      none of these

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

Do you agree to keep the dog as an indoor dog? \_\_\_ Yes \_\_\_ No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact the current owner if you can no longer keep this dog? \_\_\_ Yes \_\_\_ No

Are you willing to allow a visit to your home prior to adoption, by appointment? \_\_\_ Yes \_\_\_ No

### **Personal References**

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***When submitting this form, please also include a copy of your drivers license.  
This is required to be considered for all applicants.***

**THANK YOU!**