



## ADOPTION APPLICATION

**\*Please fill out with BLACK ink only.**

**\* If ALL of the questions have not been answered, your application will NOT be considered.**

Name of dog(s) you are interested in: \_\_\_\_\_

### ADOPTER INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

### HOUSEHOLD INFORMATION

How long have you lived at your current address? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

If you rent, are there pet restrictions? \_\_\_\_\_

If you rent please provide your landlords name and phone number:

\*If you rent please be aware there are often times there are restrictions on what breed of dog you may own and/or weight restrictions. Please have approval from your landlord BEFORE submitting this application and be aware of pet deposits and/or monthly fees required by your landlord.

\*If you rent, we will be contacting your landlord to get approval for you to adopt your pet, or you may have your landlord sign the attached form at the end of this application.

Please list all family member(s) name(s), age(s), and birthday(s) that live in your home.

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Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_

Please list your children's age(s): \_\_\_\_\_

Please list all of your current pets including names, ages, m/f, if altered, and how long you have owned them.

*\* We recommend all other animals in your home be up to date on vaccinations.*

### **Specific Considerations**

Have you ever been issued a citation for your pet or had to reclaim your pet from the animal/control shelter?

\_\_\_\_\_ If yes, please explain:

Have you ever turned in an animal to local animal control or given up an animal? \_\_\_\_\_

If so, what was the reason?

Do you have a criminal record or are a felon? \_\_\_\_\_

If yes, please explain:

Do you have a fenced in yard? \_\_\_\_\_ How high is the fence? \_\_\_\_\_

\*If you do not have a fenced in yard, are you prepared to walk your dog multiple times a day in spite of weather conditions? \_

Who will be the primary caretaker of your dog(s)? \_\_\_\_\_ How would you describe your level of experience with dogs? Check all that apply.

Never had a dog

Had childhood pet dog

Had one or more as an adult

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- Have experience working with on-going medical problems with a personal dog  
 Have experience working with behavioral problems with a personal dog  
 Have experience working in a veterinary hospital  
 I am a professional dog trainer  
 Have previous foster/rescue experience  
Do you have experience with:  small dogs  medium dogs  large dogs

How many hours during the AVERAGE day will this dog spend WITHOUT a human? \_\_\_\_\_

Where will this dog be when alone? \_\_\_\_\_

Where will this dog sleep at night? \_\_\_\_\_

If kenneled, how many hours a day will the dog spend in kennel? \_\_\_\_\_

What is your current lifestyle like? (active, busy, travels frequently, etc.)

\*Please consider how a dog will fit into your lifestyle.

Does anyone in your home have any type of allergies to animals? \_\_\_\_\_

If yes, who? \_\_\_\_\_

If yes, how will this be handled to the best interest of your family member and pet?

If you have to move, what would you do with your adopted dog?

What circumstances would you have to surrender your pet? Divorce? New baby? Allergies? Aggression? Housebreaking issues? Please explain.

Do you plan to enroll your adopted dog into obedience classes? \_\_\_\_\_

Can you financially afford veterinarian costs for your adopted dog? Emergency cost? \_\_\_\_\_

## PERSONAL REFERENCES

\*Your personal references should not be

relatives Personal Reference #1

Name: \_\_\_\_\_

Telephone number and best time to call: \_\_\_\_\_

Email \_\_\_\_\_

Relationship: \_\_\_\_\_

Personal Reference #2

Name: \_\_\_\_\_

Telephone number and best time to call: \_\_\_\_\_

Email \_\_\_\_\_

Relationship: \_\_\_\_\_

Veterinarian Reference

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

Practice Name: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

\*Please contact your vet's office prior to returning this application and grant them permission for us to verify your information.

**Filing of this application in no way guarantees your adoption of a dog from Focus on Cumberland County Animal Shelter. By signing your name to the contract below, your application attests that the information you have given is accurate and true and also gives your current and past veterinarian permission to provide all information requested by us in regard to medical and preventative care they provided to any current and past pets. You also give permission to perform background checks to ensure that the applicant is a suitable adopter for a pet and does not have a history of animal abuse/ neglect or other such offenses. The information contained in this application is material to our decision to place a dog into a home and becomes part of the contract in the event you adopt a dog from . In the event you adopt a dog, you are agreeing here that the terms of the adoption contract are fully applicable even should you fail to sign the final adoption contract.**