

**LMN DOG APPLICATION**  
**APPLICATION FOR ADOPTION**  
**DOG OR PUPPY**

**PLEASE ALLOW AT LEAST ONE HOUR FOR  
THE ADOPTION PROCESS TO BE COMPLETED**

Please understand that not all families and dogs are compatible. Every effort is made to match traits exhibited by a dog with characteristics that you desire in a dog. Our goal is to ensure the welfare of the dog only by placement in the best possible home.

**To be considered as an adopter you must:**

- Be 21 years of age with responsibility for maintaining a household (NO STUDENTS).
- **Have a fenced yard.**
- Have current identification showing address and/or phone number.
- Have knowledge and consent of all adults living in household.
- Agree to provide the pet with an indoor/outdoor home and be willing to consider the companion animal as part of the family.
- Be willing and able to invest the time and money required to provide for the training, medical treatment, and proper care for the dog (Estimated minimum cost annually of a dog is \$500-\$700 per dog).
- Understand that all LMN pets must be spayed/neutered and that the organization reserves the right to take the animal back if proper documentation is not made available to the organization at the specified time.
- Place personal I.D. on the animal as soon as possible.
- Provide an environment that is safe and secure.
- Be prepared to pay an adoption fee (cash or check only) payable to LMN.
- Have the resources to make a non-refundable donation.
- If for any reason the dog has to be “given up” it is to be returned to LMN.

**PLEASE COMPLETE THE FOLLOWING**

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TDL#: \_\_\_\_\_

Please list 3 references (2 family members not living in your home and one non-relative):

1. \_\_\_\_\_ Phone#: \_\_\_\_\_

2. \_\_\_\_\_ Phone#: \_\_\_\_\_

3. \_\_\_\_\_ Phone#: \_\_\_\_\_

How did you hear about LMN?

\_\_\_\_ adopted previously from LMN \_\_\_\_ family member \_\_\_\_ friend \_\_\_\_ internet

\_\_\_\_ Petfinder \_\_\_\_ Facebook \_\_\_\_ walked into PetSmart \_\_\_\_ other: \_\_\_\_\_

Number of adults living in household? \_\_\_\_ Number of children: \_\_\_\_ Ages of children: \_\_\_\_\_

Does anyone have allergies: \_\_\_\_ Yes \_\_\_\_ No Type of allergies: \_\_\_\_\_

Do you live in a: \_\_\_\_ house \_\_\_\_ condo \_\_\_\_ apartment \_\_\_\_ mobile home \_\_\_\_ townhouse

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

Do you: \_\_\_\_ own \_\_\_\_ rent \_\_\_\_ live with a relative?

If you do not own, do you have your complex/landlord's permission to have a pet? \_\_\_\_ Yes \_\_\_\_ No

Amount of deposit required? \_\_\_\_ Has your deposit been paid? \_\_\_\_ Yes \_\_\_\_ No

What restrictions on size and/ or number of pets apply in your subdivision or apartment complex?

\_\_\_\_\_  
Why did you decide to adopt a dog/puppy? \_\_\_\_\_

How long have you considered this decision? \_\_\_\_ Do all adults agree to this decision? \_\_\_\_ Yes \_\_\_\_ No

Who will be responsible for the care of this dog/puppy? \_\_\_\_\_

Where will the dog spend most of its time: \_\_ Inside \_\_ Outside \_\_ Both (if both, how many hours outside\_\_\_\_)

Where will the dog be kept during the day? \_\_\_\_ Night? \_\_\_\_ Vacations? \_\_\_\_\_

How many hours a day will the dog/puppy be alone? \_\_\_\_ Where? \_\_\_\_\_

How will you keep the dog be confined? (Mark all that apply) \_\_\_\_ House \_\_\_\_ Kennel \_\_\_\_ Fence

\_\_\_\_ Chain \_\_\_\_ Garage \_\_\_\_ Patio \_\_\_\_ Leash \_\_\_\_ Crate \_\_\_\_ Other: \_\_\_\_\_

If crated or kenneled, how many hours per day? \_\_\_\_ Type and size: \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_ Yes \_\_\_\_ No What type fence? \_\_\_\_\_ Height? \_\_\_\_\_

What size is the yard?  Small  Medium  Large Acreage

Does the yard have any type of shelter for the dog?  Yes  No What type? \_\_\_\_\_

If you move in the future, what will you do with the dog? \_\_\_\_\_

If you had to move to a building where pets are not allowed, what would you do? \_\_\_\_\_

Do you have the time and effort to allow this dog to adjust to a new home?  Yes  No

Do you want a dog/puppy for: (mark all that apply)

house pet  guard dog  child's pet  company for other pet  hunting dog

companion  fighting dog  outside dog  gift  family pet

What breed, preferences, and personality traits are you looking for in a dog/puppy?

Breed: \_\_\_\_\_ Size: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Hair length: \_\_\_\_\_ Temperament: \_\_\_\_\_

Activity Level/Traits:  Playful  Lap Dog  Quiet  Laid Back  Active

Good with Children  Likes Cats

What traits would you consider undesirable? \_\_\_\_\_

What would you do if the dog demonstrates the following behaviors?

Digging: \_\_\_\_\_ Chewing \_\_\_\_\_

Not getting along with other pets: \_\_\_\_\_

Difficulty adjusting to household: \_\_\_\_\_

Destructive to personal property: \_\_\_\_\_

If you had to give the dog up what would you do? \_\_\_\_\_

If the dog became lost, what would you do? \_\_\_\_\_

What do you consider a good reason for giving up a dog? (mark all that apply)

Moving  Fleas  Destructive  Biting  Grew too big  Digging  Illness

Chewing  Vet Bills  Unable to house train  Having a baby  Barking too much

Allergies  Too rough with children  Other (please explain): \_\_\_\_\_

Are you planning to provide obedience training?  Yes  No If yes, where? \_\_\_\_\_

Would you consider obedience training to correct undesirable behaviors?  Yes  No

You will probably have to house train your new pet. Please explain your method of house training.

---

---

How often will the dog be exercised? \_\_\_\_\_ Where? \_\_\_\_\_

How will you transport the dog?  Crate  Seat Belt Harness  Loose in vehicle  Bed of truck

Are you familiar with the leashing and licensing regulations in your area?  Yes  No

Dogs can often live in excess of 10 years. Are you prepared to assume this responsibility?  Yes  No

To provide food and medical care for this dog, how much do you anticipate spending yearly? \_\_\_\_\_

Heartworms are a parasite that is transmitted by mosquitoes to your dog. They live and grow in the heart, eventually producing enough worms that the heart can no longer function. Treating a dog for heartworms is both expensive (\$500-700) and very hard on your dog's system. Heartworms are, however, very easily prevented with a monthly heartworm preventative. Your dog will need to be on preventative for the rest of its' life. Are you willing to commit to this level of care?  Yes  No

Do we have your permission to periodically check with your vet to ensure that you are keeping your dog on preventive?  Yes  No

Do you currently have a veterinarian?  Yes  No If yes, name of vet or clinic: \_\_\_\_\_

If the dog required surgery or special care, what would you do? \_\_\_\_\_

Are you familiar with the following canine diseases:

Parvovirus  Distemper  Bordetella  Rabies  Heartworms

Are the dogs you currently own on heartworm preventative?  Yes  No

If yes, what type? \_\_\_\_\_

Have you ever had a pet die of causes other than those related to old age?  Yes  No

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

Have you ever returned or given an animal away before?  Yes  No

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

Please list all animals CURRENTLY owned:

<b>DOG/CAT &amp; BREED</b>	<b>ALTERED: YES/NO</b>	<b>SEX</b>	<b>DATE OF LAST VET VISIT</b>	<b>AGE</b>	<b>INSIDE/OUTSIDE/BOTH</b>

Please list all animals PREVIOUSLY owned (within the last 10 years):

<b>DOG/CAT &amp; BREED</b>	<b>ALTERED: YES/NO</b>	<b>SEX</b>	<b>WHAT HAPPENED TO PET?</b>	<b>AGE</b>	<b>INSIDE/OUTSIDE/BOTH</b>

I certify that the information contained in this application is true. I further understand that any false information may result in denial of the application. This application is the property of LMN and reserves the right to decline any application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***ADOPTION STAFF ONLY***

First Interview by: \_\_\_\_\_ Date: \_\_\_\_\_

Second Interview by: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Home: \_\_\_\_\_ Dog's name: \_\_\_\_\_ Case #: \_\_\_\_\_

Approved: \_\_\_\_ Denied: \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_