



## Adoption Application – Dog

Please fill out COMPLETELY.

Check your email frequently for our response.

*We reserve the right to refuse adoption to anyone for any reason. No animal will be adopted to a person who fails to provide complete and accurate information on this application.*

**Date \***



Month   Day   Year

**Name of Pet You Wish to Adopt \***

**Potential Pet Parent \***

First Name   Last Name

**Address \***

Street Address

Street Address Line 2

City   State

Zip Code

**Date of Birth \***



Month   Day   Year

## Home Phone

Area Code    Phone Number

## Work Phone

Area Code    Phone Number

## Cell Phone \*

Area Code    Phone Number

## Email Address \*

example@example.com

## Is this the address where the pet will live? \*

Yes

No

## If no, where will the pet live?

## Who will have primary responsibility of your new pet? \*

**How long do you plan on keeping this pet? \***

**If you encounter problems (chewing, digging, etc.), how will you deal with them? \***

**Have you ever owned a pet before? \***

Yes

No

**What types of pets did you own before?**

Dogs

Cats

Other

**Explain what happened to any previous pets**

**Do you currently have any pets? \***

Yes

No

**Are they spayed or neutered? \***

Yes

No

N/A

**What types (dog, cat, etc) and how many of each?**

**Breeds?**

**Approx. Weights?**

**Approx. Age?**

**Where do your pets stay at when no one is home and/or at night? \***

Loose inside  
Outside

Crated inside  
N/A

**Do you have a fenced yard? \***

Yes

No

**What type of fence?**

**What is the name of vet clinic you use (or used to use)?**

**Phone Number of Vet**

Area Code    Phone Number

**When did your pet last visit the vet?**



Month    Day    Year

**Are your pets current on their vaccinations? \***

Yes

No

N/A

**On flea prevention? \***

Yes

No

N/A

**Is your dog on heartworm prevention? \***

Yes

No

N/A

**If yes, what brands of heartworm and flea prevention?**

**If you do not have a dog now, are you familiar with heartworms and heartworm prevention? \***

Yes

No

**Where will your new pet stay at when no one is home/at night? \***

Loose inside

Crated inside

Outside

**How many hours per day will your pet be left alone on a regular basis? \***

**Do you have children in your home? \***

Yes

No

**If yes to the above, what are their ages?**

**Does anyone in your household have allergies? \***

Yes

No

**If yes to the above, to what?**

**Does EVERYONE in the household want to get this pet? \***

Yes

No

Haven't asked them

Pet is a surprise

**Do you own or rent your home? \***

Own

Rent

Live with parents/family

**Under what circumstances would you find it necessary to find a new home for your pet? \***

- Moving
- Marriage
- New Baby
- Divorce
- Schedule Change
- Illness

**Why are you looking to adopt a pet? \***

- Companion for yourself
- Watch dog
- Hunting
- Guard dog
- Family pet
- Child's companion
- Companion for elderly

- By clicking the submit button, I certify that all information herein is true and that false information may result in nullification of this adoption. I hereby consent to the release of information about any pet I currently own or have owned in the past by any veterinarian or animal clinic in control of such information.

**Signature of Potential Pet Parent \***

**Signature Date \***



Month   Day   Year



**YOUR APPLICATION MUST BE FILLED OUT COMPLETELY TO BE PROCESSED**