DOG ADOPTION APPLICATION

N	ame:		
A	ddress:		
Ci	ty/State:	Postal Code:	
Er	nail:		
Te	elephone:		
V	our Faraux O Lugger	<i>u</i> =	
	OUR FAMILY & LIFESTY		
1)	Number of adults li	ving at home:	
2)	Number of children	living at home:	
	0-7 years: 8-1	17 years:	
3)	What allergies does	anyone have?	
		□No	one
4)	Have you had dogs	before?	
	□Yes, which breed?	□	No
5)		you had a dog pass eed/gave away a pet	•
6)	Realistically, how myour dog? a. Weekdays:	nuch exercise will yo	u give
	b. Weekends:	_hours	
7)	What would you en (Check all that appl	joy doing with your y.)	dog?
	□Off-Leash Walking	□On-Leash Walking	□Jogging
	□Watching TV	□Cycling	□Games

GENERAL OWNERSHIP QUESTIONS

1) What do you think are the most important responsibilities in owning a dog?

FOR OFFICE USE ONLY						
Staff Name:		Date:				
Dog's Name:		Breed:				
Approved: □Yes	□No	□Pending				
Reasons:						

YOUR HOME

1.	Do you have your landlord /	property	manager's
	permission to have pets?		

□Yes	□No
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2.	Do you h	ave a fenced	yard?	□Yes	□No
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3.	How much of	the time	will the	dog be	indoors?

	, Outdoors?					
3.4.41		1 .1				

4. Where will the dog be while you are gone from home (work, school, book club etc.)

5	Do you plan to use any of the following?

\square crate	☐ run or outdoo	r kennel	□ Dog house
☐ tie the o	log up outside	□None	

6. Where will the dog sleep at night?

7. Do you have other pets? \Box Yes \Box No If yes, please list them.

Name	Туре	Age	Sex	Spayed / Neutered?
				□Yes □No
				□Yes □No
				□Yes □No

2) What behavior do you expect from this dog when it first comes to live in your home?

3)	What are your opinions about disciplining a dog? How do you plan on disciplining your dog?	5)	Most dogs shed 365 days a year. Some breeds need regular grooming, and will roll in dirt, how will you handle grooming
4)	Dogs under stress (e.g., on being introduced to a new environment) may mark territory by urinating indoors. How do you plan to handle this?	6)	Some dogs will need more frequent medical and dental care than others. Are you willing to provide regular dental and vet care and checkups for the rest of the dog's life?
		7)	Sometimes unforeseen circumstances arise. If you could no longer keep your dog, what would you do?
С	URRENT PETS		
1)	Are your current dogs licensed? □Yes □No	6)	Where are your current dogs during the day?
2)	If you own dog(s), are they, or have they been on, heartworm preventive medicine? □Yes □No		Miles de la company de 19th de
3)	Will your dog regularly interact with ANY other animals? □Yes □No	/)	What do you currently do with your dogs (and other pets) when you go on vacation, business trips, or find yourself away from home over night?
4)	What do you feed your dogs? (Type and brands of regular meals, and typical treats)		ingite:
5)	Where do your current dogs sleep?	8)	If no current pets, what is your plan for these events?
	_	Ī	
1)	OUR EXPECTATIONS What research have you done regarding this breed(s)?	4)	Have you applied with another organization for a dog at this time? If so, which one? □Yes, Where □No
2)	What are the most important characteristics you are looking for in choosing your ideal dog?	5)	What steps have you taken to prepare for a new dog/puppy?
3)	Have you considered all the costs involved in owning a dog (vet care (including regular checkups, dentals, shots, and emergency care), quality food, fencing, liability insurance, rental deposits, training, etc.)?	6)	Where did you learn about this dog? ☐ Adoption Event ☐ Facebook ☐ Mikey's Chance ☐ Service Peace Warriors ☐ Mattox Dog Training Academy

VET INFORMATION

Please provide details about the vet you plan to use or are currently using. If you have recently changed vets, please provide information about the vet(s) you used previously. Please include information for the <u>last 5 years</u> of veterinarian care. Please use additional sheet if necessary

If no previous vet please put N/A

Vet/Practice	
Address:	
City/State:	Zip Code:
Email:	
Telephone:	
Years with Vet/Pract	tice:
Does your regular ve □Yes □No	et vaccinate your pets?
If not, where do you	have them vaccinated?
Previous Vet/Pract	tice:
Address:	
City/State:	Zip Code:
Telephone::	
Years with Vet/Pract	tice:

PERSONAL REFERENCES

Please provide 2 references who can attest to your suitability as a pet owner. References must be adults, not living in your household, and one must not be a family member.

1 st Reference	
Name	
Relationship:	
City/States	
City/State:	
Email:	
Telephone:	
2nd Reference	
Ziid Keiereitte	
Name	
Relationship:	
City/State:	
Email:	
Telephone:	
relephoner	
DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the	
best of my knowledge.	r de dila complete to the
- · ·	
Applicant	
Signature:	Date: