## DOG ADOPTION APPLICATION

Name:

Address:

City/State
Postal Code:

Email:

Telephone:

## YOUR FAMILY \& LIFESTYLE

1) Number of adults living at home: $\qquad$
2) Number of children living at home:

0-7 years: $\qquad$ 8-17 years: $\qquad$
3) What allergies does anyone have?
$\qquad$ $\square$ None
4) Have you had dogs before?
$\square Y e s$, which breed? $\qquad$ $\square$ No
5) Tell us about when you had a dog pass away or you have surrendered/gave away a pet in the past?
$\qquad$
$\qquad$
6) Realistically, how much exercise will you give your dog?
a. Weekdays: $\qquad$ hours
b. Weekends: $\qquad$ hours
7) What would you enjoy doing with your dog? (Check all that apply.)

| $\square$ Off-Leash Walking | $\square$ On-Leash Walking | $\square$ Jogging |
| :--- | :--- | :--- |
| $\square$ Watching TV | $\square$ Cycling | $\square$ 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: $\square$ Yes | םNo |
| Reasons: |  |
|  |  |
|  |  |

## Your Home

1. Do you have your landlord / property manager's permission to have pets?
$\square$ Yes $\square$ No
2. Do you have a fenced yard? $\square$ Yes $\square$ No
3. How much of the time will the dog be indoors?
$\qquad$ Outdoors? $\qquad$
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?
$\square$ craterun or outdoor kennelDog house $\square$ tie the dog up outside $\square$ None
6. Where will the dog sleep at night?
7. Do you have other pets? $\square$ Yes $\square N o$ If yes, please list them.

| Name | Type | Age | Sex | Spayed / <br> Neutered? |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | $\square$ Yes $\square$ No |
|  |  |  |  | $\square Y e s \square$ No |
|  |  |  |  | $\square Y e s \square$ No |

[^0]3) What are your opinions about disciplining a dog? How do you plan on disciplining your dog?
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?

## Current Pets

1) Are your current dogs licensed? $\square$ Yes $\square$ No
2) If you own dog(s), are they, or have they been on, heartworm preventive medicine? $\square Y e s \quad \square N o$
3) Will your dog regularly interact with ANY other animals? $\square Y e s \quad \square N o$
4) What do you feed your dogs? (Type and brands of regular meals, and typical treats)
5) Where do your current dogs sleep?

## Your Expectations

1) What research have you done regarding this breed(s)?
2) What are the most important characteristics you are looking for in choosing your ideal dog?
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.)?
4) Most dogs shed 365 days a year. Some breeds need regular grooming, and will roll in dirt, how will you handle grooming
5) 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?
6) Sometimes unforeseen circumstances arise. If you could no longer keep your dog, what would you do?
7) Where are your current dogs during the day?
8) 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?
9) If no current pets, what is your plan for these events?
10) Have you applied with another organization for a dog at this time? If so, which one?
$\square$ Yes, Where $\qquad$ $\square$ No
11) What steps have you taken to prepare for a new dog/puppy?
12) Where did you learn about this dog?
$\qquad$FacebookMikey's Chance Service Peace Warriors $\square$ 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 last 5 years 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/Practice: $\qquad$

Does your regular vet vaccinate your pets?
$\square Y e s \quad \square N o$

If not, where do you have them vaccinated?

| Previous Vet/Practice: |  |
| :--- | :--- |
|  |  |
| Address: |  |
|  | Zip Code: |
| City/State: |  |
| Telephone:: |  |

## 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.

## $1^{\text {st }}$ Reference

| Name |
| :--- |
| Relationship: |
| City/State: |
| Email: |
| Telephone: |

## 2nd Reference

| Name |
| :--- |
| Relationship: |
| City/State: |
| Email: |
| Telephone: |

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Applicant
Signature: $\qquad$ Date: $\qquad$
$\qquad$


[^0]:    2) What behavior do you expect from this dog when it first comes to live in your home?
