



**ADOPTION APPLICATION**

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

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

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

Phone: \_\_\_\_\_

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

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

US States: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Do you presently have pets and if so, please describe their living conditions? \_\_\_\_\_

\_\_\_\_\_

Contact information for your Veterinarians information. \_\_\_\_\_

\_\_\_\_\_

Do you have a fully fenced yard? How tall is the fence? \_\_\_\_\_

How many hours a day will the dog be left alone? Where will they stay while you are away from home?

\_\_\_\_\_

Have you ever tethered a dog for extended periods of time? \_\_\_\_\_

Have you ever been arrested? Do you have any felony convictions? \_\_\_\_\_

Have you ever surrendered an animal to a shelter? What was the reason? \_\_\_\_\_

\_\_\_\_\_

Are all the other pets in the home up to date and vaccinations, HW meds? Are the other animals in the home all spayed / neutered? If NO ... please provide a reason \_\_\_\_\_

\_\_\_\_\_

How many children are in your household and their ages? \_\_\_\_\_

Does anyone in your family have allergies related to pets? \_\_\_\_\_

Some dogs may need help with potty training are you comfortable with that? \_\_\_\_\_

Do you consent to a home visit from a member of our organization? \_\_\_\_\_

Personal References (Name and Phone Number) \_\_\_\_\_

\_\_\_\_\_

Personal References (Name and Phone number) \_\_\_\_\_

\_\_\_\_\_

Personal References (Name and Phone Number) \_\_\_\_\_

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