



# DOG ADOPTION REQUEST

## WHICH PET(S) WOULD YOU LIKE TO MEET?

DATE	PET NAME	AGE	CSR		TECH	HOLD	NTM

PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION COMPLETELY

1. NAME: \_\_\_\_\_

2. NAME OF SPOUSE/ROOMMATE(S): \_\_\_\_\_

3. NUMBER OF PEOPLE IN HOME: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_ AGES OF CHILDREN \_\_\_\_\_

4. IS ANYONE IN THE HOUSEHOLD ALLERGIC TO ANIMALS?  Yes  No

If yes, who? \_\_\_\_\_ To what? \_\_\_\_\_

5. OCCUPATIONS: \_\_\_\_\_ / \_\_\_\_\_

6. COMPLETE PHYSICAL ADDRESS: \_\_\_\_\_

7. COMPLETE MAILING ADDRESS (if different): \_\_\_\_\_

8. TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ \*Email (required) \_\_\_\_\_

May we email you animal story updates and tips on pet ownership?  Yes  No

9. TYPE OF DWELLING:  House  Condo  Apartment  Other: \_\_\_\_\_

10. DO YOU:  Rent  Own

11. LANDLORD'S NAME: \_\_\_\_\_ Phone \_\_\_\_\_

12. IS AN ADULT HOME DURING THE DAY?  Yes  No If yes, who? \_\_\_\_\_

13. HOW MANY HOURS A DAY WILL THE DOG BE LEFT ALONE?: \_\_\_\_\_

14. ARE YOU LOOKING FOR INDOOR, OUTDOOR OR INDOOR/OUTDOOR?: \_\_\_\_\_

15. WHERE WILL THE DOG BE WHEN YOU'RE NOT HOME?:

Indoors  Outdoors  Garage  Other: \_\_\_\_\_

16. WHERE WILL THE DOG BE WHEN YOU ARE HOME?: \_\_\_\_\_

17. WHERE WILL THE DOG SLEEP?: \_\_\_\_\_

18. WHAT OUTDOOR SPACE IS AVAILABLE TO THE DOG?:

Fenced yard  Kennel  Garage  Unfenced yard  Other: \_\_\_\_\_

19. HEIGHT OF FENCE: \_\_\_\_\_ APPROX. AREA OF YARD \_\_\_\_\_

20. DO YOU OWN A PET NOW?  Yes  No (If yes, please list below.)

21. HAVE YOU HAD PETS IN THE PAST?  Yes  No (If yes, please list below.)

Type of animal	How & why obtained?	How long kept?	Where is the animal now?

22. HOW MUCH TIME ARE YOU WILLING TO SPEND HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE?: \_\_\_\_\_

23. UNDER WHAT CIRCUMSTANCES WOULD YOU NOT KEEP THIS DOG?: \_\_\_\_\_

24. WHAT WOULD YOU DO IF THE DOG WAS DESTRUCTIVE? (Chewing, barking, house soiling): \_\_\_\_\_

25. WHAT DO YOU FEEL IS AGRESSIVE BEHAVIOR?: \_\_\_\_\_

WHAT WOULD YOU DO IF THIS OCCURED?: \_\_\_\_\_

26. HAVE YOU PREVIOUSLY ATTENDED A BASIC OBEDIENCE COURSE WITH YOUR DOG(S)?:  Yes  No

Why or why not?: \_\_\_\_\_

27. DO YOU PLAN TO COMPLETE A COURSE WITH THIS DOG?:  Yes  No

Why or why not?: \_\_\_\_\_

28. WOULD YOU OBJECT TO AN INSPECTION OF YOUR HOME?  Yes  No

I certify that the above is true & correct. Any false information may result in the nullification of this adoption.

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

OFFICE USE ONLY

ANIMAL(S) NAME/AGE:

_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____
_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____
_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____
_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____

LANDLORD APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

NEED TO MEET: \_\_\_\_\_ DATE: \_\_\_\_\_

NEED TO MEET: \_\_\_\_\_ DATE: \_\_\_\_\_

NEED TO MEET: \_\_\_\_\_ DATE: \_\_\_\_\_

ANIMAL TO MEET: \_\_\_\_\_ DATE: \_\_\_\_\_