



## Dog Adoption Application Form

### Contact Information

Full name: \_\_\_\_\_

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

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

How long at this address: \_\_\_\_\_

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

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

Best time to call: \_\_\_\_\_

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

### Family & Housing

How many adults are there in your family (their relationship to you)?

\_\_\_\_\_

How many children (ages)?

\_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?

\_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

If you rent, please give the rules governing pets and the landlord's name and number:

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(by providing this information you are allowing AADR to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a dog? \_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_

**Other Pets**

What other pets do you have (specify type and number)?

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Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not..why? \_\_\_\_\_

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Have you every surrendered a pet? If so, why?

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Have you ever had a pet euthanized? If so, why?

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Have you ever lost a pet to an accident?

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How do you discipline your pets and why?

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**Veterinarian**

Do you have a regular veterinarian? \_\_ Yes \_\_ No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

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

(Providing AADR with this information you are allowing AADR to call your vet. Please call your vet and ask them to authorize the release of information to AADR.)

**About the Dog You Wish to Adopt**

What is your idea of an ideal dog and why?

Desired age: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Desired breed: \_\_\_\_\_

Breed you would not adopt: \_\_\_\_\_

Desired sex:  Spayed Female  Neutered Male  No preference

Willing to adopt:  outgoing/hyper dog  shy dog  
 dog that needs regular medication  dog that needs training  
 dog that needs grooming  None of these

Where will the dog spend the day? (*describe*)  
\_\_\_\_\_

Where will the dog spend the night? (*describe*)  
\_\_\_\_\_

Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?  Yes  No

Do you agree to keep the dog as an indoor dog?  Yes  No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact AADR if you can no longer keep this dog?  Yes  No

Are you be willing to let a representative of AADR visit your home by appointment?  
 Yes  No

How did you hear about AADR?  
\_\_\_\_\_

Would you be interested in fostering?  Yes  No  Would like to know more

**Personal References**

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with dog food, plenty of fresh water, indoor shelter, affection.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

