

# Brookside Puppies

## Adoption Application

\* Indicates required question

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1. **Name: First & Last \***

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2. **Occupation: \***

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3. **Address: Street, City, State (No PO Box) \***

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4. **How long at this address? \***

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5. **Phone Number: \***

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6. **Best time to call:**

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7. **Email:** \*

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8. **Name of puppy you are interested in:**

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9. If puppy is no longer available, please list what you are looking for: (desired color, gender, breed)

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10. **Where will the dog spend the day?** \*

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11. **Where will the dog spend the night?** \*

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12. **Number of hours a day (average) dog will spend alone? \***

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13. **Do you agree to provide regular health care by a Licensed Veterinarian? \***

*Check all that apply.*

☐ Yes

☐ No

14. **Do you agree to keep the dog as an indoor dog? \***

*Check all that apply.*

☐ Yes

☐ No

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

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16. **Do you agree to contact Brookside Puppies if you can no longer keep this dog? \***

*Check all that apply.*

☐ Yes

☐ No

17. **What type of home do you live in? \***

*Check all that apply.*

- ☐ Apartment
- ☐ Townhome
- ☐ Single Family Home Rent
- ☐ Single Family Home Own
- ☐ Farm

18. If you rent, have you informed your landlord of your intentions of getting a pet and are providing the required pet deposit, etc.?

*Check all that apply.*

- ☐ Yes
- ☐ No

19. **Do you have other pets? \***

*Check all that apply.*

- ☐ Yes
- ☐ No

20. If yes, type of pet and number:

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21. **Are your other pets up to date on vaccines?**

*Check all that apply.*

☐ Yes

☐ No

22. **Have you ever had to surrender a pet? \***

*Check all that apply.*

☐ Yes

☐ No

23. **If so, please explain why?**

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24. **Have you ever had to have a pet euthanized? \***

*Check all that apply.*

☐ Yes

☐ No

25. If so, why?

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26. **Have you ever lost a pet to an accident? \***

*Check all that apply.*

☐ Yes

☐ No

27. **Do you have a regular Veterinarian? (If no, please provide us with the Veterinarian you plan to use for your new puppy below). \***

*Check all that apply.*

☐ Yes

☐ No

28. **Veterinarian Name, Address, and Phone Number: \***

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By submitting this Application to Brookside Puppies, I agree All the information I have given is true and complete. This puppy will reside in my home. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian