



Adoption Application

Which Dog(s) are you interested in adopting?

Your Information

First Name _____

Last Name _____

Drivers License Number _____

Issuing State _____

Address (Line 1) _____

Address (Line 2) _____

City _____

State/Province _____

Postal / Zip Code _____

Cell Phone _____

Home Phone _____

Work Phone _____

Employer _____

Email Address _____

Housing Type

- House
- Condo
- Apartment
- Mobile Home
- Live with Parents

Do you rent or own?

- Own
- Rent

Breed Restrictions within your HOA? If so, what breeds?

- Yes What Breed(s)? _____
- No

If you rent, please enter in the following information about your Landlord.

Landlord Name _____

Landlord Phone Number _____

Please list the name and age of everyone who resides in your household:

Does everyone in your household agree to this adoption?

- Yes
- No

If you answered no, please explain:

Does anyone in your household have allergies to animals?

- Yes
- No

Who will be primarily responsible for the dog's care?

How much do you estimate you'll spend monthly on the care of your dog? (Food, Medical Care, Supplies, Training, Toys, Etc)

Tell us about the dogs you have owned before. Please select the statement that applies to you.

- I currently have a dog(s)
- I have had a dog in the past year
- I had a dog 2-4 years ago
- I had a dog 5-10 years ago
- I have never had a dog

If you currently have any pets, please list them here (Species, Breed, Age, Sex)

If you have dogs, are they spayed or neutered? This is a requirement for adoption and must be verifiable by your listed vet reference.

- Yes
- No

If you currently have dogs, are they receiving Heartworm prevention and getting a yearly test? This is a requirement for adoption and must be verifiable by your listed vet reference.

- Yes
- No

If you currently have dogs, are they up to date on vaccinations, including distemper/parvo and rabies? This is a requirement for adoption and must be verifiable by your listed vet reference.

- Yes
- No

Have you ever had to give up a pet?

- Yes
- No

If yes, what was the reason?

Veterinarian Name, Address, Phone Number:

Where do your pets currently reside:

- Indoors
- Outdoors
- Other

Do you work outside of the home?

- Yes
- No

Where are your pets kept when you are away from home?

How many hours a day is your pet home alone?

Adoption Pet Information

What made you want to adopt a dog?

My dog will primarily be a:

Companion

- Therapy Dog
- Working Dog
- Guard Dog
- Inside Dog
- Outside Dog

My dog needs to get along with:

- Other Dogs
- Cats
- Children Under 8 years
- Elderly People
- Other small pets

When I am home, I want my dog to be by my side...

- All the time
- Sometimes
- A little
- Never

What energy level would work with your lifestyle?

- Couch Potato - Cannot walk or exercise my dog
- Mellow - short, daily walks
- Active - longer walks and dog park or day care play
- Energetic - running or hiking buddy

I am interested in adopting a dog with “special needs” (Medical or Behavioral)?

- Yes
- No
- Maybe

Who will be primarily responsible for the dog’s care?

How many hours will you be able to spend with the dog each day?

Where will your dog sleep at night?

When I am not home my dog will spend its time....

- In a crate in the house
- Confined to room indoors
- In the garage
- Free run of house
- Outside
- Other

How many hours will the dog be alone per day?

Are you familiar with crate training?

How will you exercise your dog and how often?

How many hours will your dog spend outside each day?

Where will the dog be when he/she is outside?

Do you have a yard?

- Yes
- No

Do you have a fence?

- Yes How high is it? _____ Is it locked? _____
- No

If not, how do you plan to contain the foster when outdoors?

Are you willing to repair anything that might allow a dog to escape?

- Yes
- No

Do you use a dog door and how many hours would the dog have to access it?

- Yes
- No

Do you have experience with training? If yes, what type?

- Yes
- No

If not, would you be interested in doing some training with your dog to improve manners like jumping, pulling on leash, stealing food, etc.

- Yes
- No

Do you have experience with any of the following behaviors?

- Barking
- High Energy
- Separation Anxiety
- Fears
- Destruction Chewing
- Jumping Up

Digging

Are you capable of giving medication to an animal, if necessary?

Yes

No

Do you agree that this animal will be treated as a family pet, not used for any other purpose and that you will be responsible for providing a stable and safe environment?

Yes

No

If you decide at any time that you no longer wish to keep this dog, do you agree to give a minimum of seven (7) days to find alternate placement and return the dog to us?

Yes

No

Personal References:

Please list 2 personal references below who are non-related to you. Please also include a contact phone number for each reference.

Reference 1

First Name * _____

Last Name * _____

Phone Number * _____

Reference 2

First Name * _____

Last Name * _____

Phone Number * _____

Please read and initial that you understand and will abide by the following:

Adopting A Dog Can Be A Big Responsibility...

1. I understand that Angels to the Animals has an adoption fee of \$350 to assist with all age-appropriate shots, deworming, Rabies vaccine, Heartworm test, Spay/Neuter costs, and any medical care required. * _____
2. I understand that if the information I have provided in the adoption application is found to be false, my application may be returned, and the dog shall be relinquished to Angels to the Animals without a refund of any donation made. * _____
3. I understand that Angels to the Animals reserves the right to refuse any adoption of any animal to any person. * _____
4. I understand that dogs adopted from Angels to the Animals come from a variety of sources and may have health or temperament problems that have not been observed while the dog was in foster care. * _____
5. I agree to license my dog annually/keep the rabies immunization up to date, always display the license and rabies tags on my pet's collar, and to keep my dog properly confined or under reasonable control at all times. * _____
6. I agree to return this dog to Angels to the Animals if I decide at any time, for any reason, that I can no longer care for the dog. * _____

Please sign and date your application. *

Signature

Name (Please print) / Date

Angels to the Animals, Inc. does not unlawfully discriminate internally (in its administrative and program operations) or externally (in provision of services) on the basis of race, political orientation, religion, gender, sexual orientation, age, national origin, ethnicity, ancestry, marital status, veteran status, or mental or physical disability or any other status prohibited by applicable law.