



**LOGANS LEGACY29**  
949-842-2517

## Application for Adoption

Date: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse/Significant other: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is he/she aware of and agreeable to this pet adoption? \_\_\_\_\_

Names and ages of children (if any): \_\_\_\_\_

\_\_\_\_\_

Have the child(ren) been told of the responsibilities owning a pet entails? \_\_\_\_\_

Home street address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

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

Emergency contact (name & phone number): \_\_\_\_\_

\_\_\_\_\_

1. Type of dwelling: House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_

2. Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_ Other? \_\_\_\_\_

3. Do you own? \_\_\_\_\_ Rent? \_\_\_\_\_ If renting, do you have permission from \_\_\_\_\_

your landlord to have this pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Landlord's name and phone number: \_\_\_\_\_

4. What are your primary reasons for wanting a dog/cat? Companion \_\_\_\_\_  
For your children \_\_\_\_\_ Gift \_\_\_\_\_ Watchdog \_\_\_\_\_ For another  
pet \_\_\_\_\_ OTHER \_\_\_\_\_

5. If you have children, please describe their previous experience with dogs/cats: \_\_\_\_\_  
\_\_\_\_\_

6. Other pets (name, breed, sex and age of each):

Dogs: \_\_\_\_\_

Cats: \_\_\_\_\_

Other: \_\_\_\_\_

7. Are your pets spayed and/or neutered? \_\_\_\_\_

8. Is there anybody home during the day? \_\_\_\_\_ Who? \_\_\_\_\_

9. When will the dog/cat be inside? \_\_\_\_\_ Outside? \_\_\_\_\_

Will the animal be crated? \_\_\_\_\_ If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

10. How many hours per day will the dog/cat be left alone? \_\_\_\_\_ Where will it be  
kept when left alone? \_\_\_\_\_

11. Where will the dog/cat sleep at night? Dog house \_\_\_\_\_ Garage \_\_\_\_\_  
Laundry room \_\_\_\_\_ Kitchen \_\_\_\_\_ Master bedroom \_\_\_\_\_ Child's  
Room \_\_\_\_\_ Bathroom \_\_\_\_\_ Other (explain) \_\_\_\_\_

12. Do you have a doggie door? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you have secure fencing? Yes \_\_\_\_\_ No \_\_\_\_\_ Gate(s)? \_\_\_\_\_

14. Have you recently inspected your fence and is it secure, without holes, gaps, or low points? Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, before your application is accepted, please thoroughly inspect your fence and make any necessary repairs before the home visit.)
15. Do you have a pool? \_\_\_\_\_ If YES, is there a secure fence around it? \_\_\_\_\_
16. Who has access to your yard? Gardener \_\_\_\_\_ Pool Man \_\_\_\_\_  
Housekeeper \_\_\_\_\_ Utility \_\_\_\_\_ Neighbor \_\_\_\_\_ Other \_\_\_\_\_
17. Preferred level of exercise with dog? Couch potato \_\_\_\_\_ Short walks \_\_\_\_\_  
Vigorous walks \_\_\_\_\_ Hike/jog \_\_\_\_\_
18. How do you normally walk your dog? On leash \_\_\_\_\_ Off leash \_\_\_\_\_
19. When on leash, I normally use: Collar only \_\_\_\_\_ Choke chain \_\_\_\_\_  
Harness \_\_\_\_\_ Gentle leader \_\_\_\_\_ Other \_\_\_\_\_
20. When you go on vacation or are gone for an extended period of time, who will care for the pet(s)? \_\_\_\_\_
21. Do you have a regular Vet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, Vet's name and phone number: \_\_\_\_\_
22. How would you rate your level of dog/cat owning experience?  
1st time owner \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_
23. How will you train this dog/cat? Obedience class \_\_\_\_\_ Hit with newspaper \_\_\_\_\_  
Firm verbal command \_\_\_\_\_ Clicker/hand signals \_\_\_\_\_ Other \_\_\_\_\_
24. Are you willing to live with hair on the furniture and your clothes, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times?  
Yes \_\_\_\_\_ No \_\_\_\_\_

25. Pets are an investment of your time and money. Can you afford to provide the required and proper medical care, grooming, proper diet, shelter and exercise for your new pet? To provide proper medical/veterinary care, including yearly checkups, vaccinations and heart-worm prevention medicine, as well as veterinary care for unusual symptoms such as loss of appetite, coughing, vomiting, diarrhea, blood in urine/stool, allergies, skin conditions, lethargy? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as much as 10-20+ years? Yes \_\_\_\_\_ No \_\_\_\_\_

27. Have you ever given a pet away? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

28. Which of the following reasons might prompt you to give up your dog/cat? Mark all that might apply:

Excessive barking \_\_\_\_\_ Biting \_\_\_\_\_ Digging \_\_\_\_\_ Moving \_\_\_\_\_

Shedding \_\_\_\_\_ Divorce \_\_\_\_\_ Illness \_\_\_\_\_ Allergies \_\_\_\_\_

Poor watchdog \_\_\_\_\_ Destructive chewing \_\_\_\_\_ Excessive vet bills \_\_\_\_\_

Financial problems \_\_\_\_\_ Accidents indoors \_\_\_\_\_ New spouse or partner

doesn't like pet \_\_\_\_\_ Aggressive on leash \_\_\_\_\_ New family addition \_\_\_\_\_

Growling at guests/family members \_\_\_\_\_ None of the above \_\_\_\_\_

Other \_\_\_\_\_

29. Will you agree to consult and pay for a trainer or behaviorist if problems develop?

Yes \_\_\_\_\_ No \_\_\_\_\_

30. Will you agree to register the dog with, and obtain a dog license from the municipality where you live or as required by law? Yes \_\_\_\_\_ No \_\_\_\_\_

31. Will you agree to NOT give or sell the dog to another person, relative, rescue group, humane association, shelter or pound, or any medical or experimental laboratory or similar organization? If you feel the need arises to re-home your pet, you will notify LOGANS LEGACY29 immediately? Yes \_\_\_\_\_ No \_\_\_\_\_

32. Will you agree to notify LOGANS LEGACY29 at 949-842-2517 **immediately** if your pet is lost and to make every reasonable effort to recover the dog/cat?  
Yes \_\_\_\_\_ No \_\_\_\_\_

33. Please list pets that you have owned since you have been an adult?

	<b>ANIMAL</b>	<b>LENGTH OF OWNERSHIP</b>	<b>WHAT HAPPENED?</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

34. Why are you interested in adopting from a rescue? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. How did you hear about LOGANS LEGACY29? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read and initial each statement below:**

I understand that a home visit is required prior to final placement \_\_\_\_\_ (initial)

I understand that a home visit does not guarantee placement \_\_\_\_\_ (initial)

I agree to provide my own collar, leash, choke chain or harness, and **personal ID** at the time of completing the adoption contract \_\_\_\_\_ (initial)

Donation fee of \$450 for 1 year and older: \_\_\_\_\_ Donation fee of \$500 for under 1 year: \_\_\_\_\_

This goes directly to the medical needs of the dog. Anything over that amount will help with medical care, spay and neuter, board and placing other abandoned dogs. (The inability to make a donation does not disqualify an applicant from consideration).

I understand that any donation or contribution is a gift freely given, not a purchase price for a dog \_\_\_\_\_ (initial)

\_\_\_\_\_  
Signature of Adopter Date: \_\_\_\_\_

\_\_\_\_\_  
Print Adopter's Name

**ANY OTHER DEAL POINTS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ (Initials of adopter) \_\_\_\_\_ (Initials of rescuer)