



Please answer **all** of the questions, save/download, and email to:

Gina@theforgottendog.org

Date: _____

Dog of Interest/Name: _____

ABOUT YOU:

Your name: First _____ Last _____

Age: _____

Your Status:

- ☐ Married
- ☐ Single
- ☐ Living with Partner

of years in relationship: _____

Your occupation: _____

Employer: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Home Address: _____

City _____ State _____ Zip _____

Years you've lived here: _____

How many people are living in your home: _____

Please list their ages separated by commas: (i.e., 47, 42, 17, 13, 9)

You live in a:

- ☐ House
- ☐ Condo
- ☐ Apartment
- ☐ Manufactured home

Other: _____

Do you:

- ☐ Own
- ☐ Rent

Is there a weight/size limit for the dog? _____ If so, what? _____

DAILY SCHEDULE:

Is there an adult home all day?

- ☐ Yes
- ☐ No

Name of adult: _____

YOUR DAILY SCHEDULE:

- ☐ Gone 1-5 hours (including travel time)
- ☐ Gone 6-8 hours (including travel time)
- ☐ Gone 9-12 hours (including travel time)

of days a week: _____

YOUR SPOUSE'S SCHEDULE:

- ☐ Gone 1-5 hours (including travel time)
- ☐ Gone 6-8 hours (including travel time)
- ☐ Gone 9-12 hours (including travel time)

of days a week: _____

SECURITY**To keep your dog safe, your living area has:**

- ☐ Wood fence
- ☐ Block Wall
- ☐ Iron Slats
- ☐ Chain Link

Other: _____

Fence height at lowest point? _____

Gate height: _____

Do you have a swimming pool?

- ☐ Yes
- ☐ No

If yes, is it:

- ☐ Covered
- ☐ Fenced off

When you go on vacation, who cares for dog? _____

ACTIVITY

Do you normally walk your dog?

- ☐ Yes
- ☐ No

If yes, the # of times a day: _____

How long are the walks?

- ☐ 15 minutes
- ☐ 1/2 hour
- ☐ 1 hour

The walks are:

- ☐ Short walks
- ☐ Vigorous walks
- ☐ Hike or jog

Do you walk your dog:

- ☐ On leash
- ☐ Off leash

Where? _____

How will you socialize the dog? **(Click all that apply)**

- ☐ Dog park
- ☐ Play dates w/other dog(s)
- ☐ Other dog(s) at home
- ☐ Doggy Day Care

How often? _____

Under what circumstances would you feel you need to give up the dog? **(Click all that apply)**

- ☐ Divorce
- ☐ Moving
- ☐ Moving out of state
- ☐ New baby
- ☐ People Illness
- ☐ Dog too hyper in behavior
- ☐ Not getting along with other pets
- ☐ Allergies
- ☐ Excessive Shedding
- ☐ Digging up garden
- ☐ Destructive chewing
- ☐ Excessive vet bills
- ☐ Dog nips/bites kids
- ☐ Aggressive on leash on walks
- ☐ Nipping at strangers

- ☐ Dog develops chronic illness
- ☐ Dog barks a lot
- ☐ House training problems
- ☐ Spouse is allergic
- ☐ None of the above

FEEDING

What **brand** of DRY FOOD do you feed the dog? _____

Do you also feed dog: **(click all that apply)**

- ☐ Canned dog food
- ☐ Cooked chicken
- ☐ Raw hamburger

How many times a day do you feed dog? _____

You feed dog: **(click all that apply)**

- ☐ Morning
- ☐ Evening
- ☐ FREE FEED

HOME LIFE

What rooms are OFF LIMITS to the dog? _____

Where will dog sleep at night? _____ In what? _____

Do you CRATE you dog?

- ☐ Yes
- ☐ No

If yes, do you crate dog for: **(click all that apply)**

- ☐ Potty training
- ☐ Sleep overnight
- ☐ Errands

Up to how many hours? _____

Does anyone in the household have allergies?

- ☐ Yes
- ☐ No

If so, what? _____

Is dog allowed on furniture?

- ☐ Yes
- ☐ No

If some places, but not others, where? _____

Other Pets / Pet History

In the past, have you ever been forced to give up your dog?

- ☐ Yes
- ☐ No

If so, you gave to:

- ☐ Vet to find a home
- ☐ Relative
- ☐ Rescue group
- ☐ Friend
- ☐ Found home through social media

Do you **presently** own any pets?

- ☐ Yes
- ☐ No

If yes, click all that apply:

- ☐ Cat
- ☐ Dog

If dog, please answer the following:

Breed/Mix: _____

Sex: _____

Age: _____

Are they spayed/neutered?

- ☐ Yes
- ☐ No

How many years have you owned your pet(s)? _____

How did you get your pet? _____

How do you introduce your pet to other dogs? (Yard, walk, dog park etc.)

Please explain:

Have you personally owned any pets in the **past**?

- ☐ Yes
- ☐ No

If yes, click all that apply:

☐ Cat

☐ Dog

If dog, please answer the following:

Breed/Mix: _____

Sex: _____

Age: _____

Are they spayed/neutered?

☐ Yes

☐ No

Years owned? _____

Did you give them away? _____

Died of what? _____

By checking the following, you declare that your answers on this form are true.

For any adoption process can begin, you also confirm that:

- ☐ I certify that I am at least 21 years of age.
- ☐ I understand that a dog can live as long as 15 years.
- ☐ I am ready to make a commitment to feed, shelter, protect, and care for my pet for the rest of his/her life.
- ☐ I verify that the above is true and understand that any false information will nullify this application. THE FORGOTTEN DOG FOUNDATION reserves the right to refuse adoption for any reason.
- ☐ I understand that adoptions are not made on a first come, first serve basis.

Thank you! Please email your completed to: Gina@theforgottendog.org