

Dog Adoption Application Form

Contact Information

Full name: _____

Spouse name: _____

Age: _____ Spouse Age: _____

Occupation: _____

Spouse 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

Do you rent: _____

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

(By providing this information you are allowing Lifesavers Animal Rescue 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)?

Are these pets up to date on vaccines? _____

Is your dog on Heartgard or another heartworm preventative? _____

Has your dog been tested for heartworm? _____

Has your dog been tested for Lyme disease? _____

Are these pets spayed/neutered? If not, why? _____

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

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

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? ___ Yes ___ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(By providing Lifesavers Animal Rescue with this information you are allowing Lifesavers Animal Rescue to call your vet. Please call your vet and ask them to authorize the release of information to Lifesavers Animal Rescue.)

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 Lifesavers Animal Rescue if you can no longer keep this dog?
___Yes ___No

Are you be willing to let a representative of Lifesavers Animal Rescue visit your home by
appointment? ___Yes ___No

How did you hear about Lifesavers Animal Rescue? _____

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 quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)