

CHANGING LEASHES RESCUE & REHAB INC
ADOPTION APPLICATION

APPLICANT NAME(S): _____

Applicant Address (Street, City, State) _____

Applicant Email address: _____

Applicant Phone Number: _____

Children (# and ages) _____

Dog interested in adopting: _____

Do you Own or Rent: _____ Can you have animals if you rent? _____

Employer: _____

Do you have a Fenced Yard? If so, fence height? _____

If you do not have a fenced yard, what is your plan for proper exercise for the dog
on a daily basis? _____

Do you have other pets – what kind/ages? _____

Have you ever rehomed an animal? Why? _____

Do you understand this dog is required to be an inside family pet? _____

How often are you away from home? _____

References (list 3 – name and email/phone number):

Vet Reference (name and phone number): _____

Additional Comments: _____
