



## DOG ADOPTION APPLICATION

Please fill in **ALL** of the information requested; incomplete applications will be discarded. You must be over the age of **18** years old to submit an application!

It is our policy to make certain that each person who adopts a dog is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically and financially.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the dog of your interest would suit you and your lifestyle.

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DOG(S) OF INTEREST: \_\_\_\_\_

### APPLICANT INFORMATION

Name: _____		Age: <input type="radio"/> Under 20 • <input type="radio"/> 20-35 • <input type="radio"/> 35-50 • <input type="radio"/> 50+	
Name of <input type="radio"/> spouse • <input type="radio"/> partner • <input type="radio"/> roommate _____			
Street Address _____			
City: _____		State: _____ Zip: _____	
Home phone: _____		Work phone: _____	
Cellular phone: _____		E-mail: _____	
Occupation: _____		2nd person's occupation: _____	
Work schedule: _____		2nd person's hours: _____	
Employer/Address: _____			
Names of all persons living in your household, their relationship to you and their ages:			
_____			
_____			
Please list three personal references and their relationship to you:			
Name: _____	Relationship: _____	Phone/E-Mail: _____	
Name: _____	Relationship: _____	Phone/E-Mail: _____	
Name: _____	Relationship: _____	Phone/E-Mail: _____	

### YOUR HOME

Type of dwelling? <input type="radio"/> House • <input type="radio"/> Apt • <input type="radio"/> Condo • <input type="radio"/> Coop • <input type="radio"/> Other _____	
<input type="radio"/> Own or <input type="radio"/> Rent	
If Condo/Coop, what are the association's rules about pets? _____	
If you have a yard: <input type="radio"/> Fenced (height ___) • <input type="radio"/> Unfenced	
Does your home have a pool? <input type="radio"/> Yes • <input type="radio"/> No	
If you have a pool, is it fenced? <input type="radio"/> Yes • <input type="radio"/> No	
Would you allow an inspection of your home by a rescue volunteer? <input type="radio"/> Yes • <input type="radio"/> No	
If not a homeowner, do you have the landlord's permission to have a dog? _____	
Landlord's name: _____	Phone: _____

## YOUR COMPANION ANIMALS

Do you currently have a dog?  Yes •  No

Have you previously had a dog?  Yes •  No

If you currently have or had dogs in the past, please complete the charts below. In the column, "what happened," write: gave away, sold, took to the shelter, abandoned, passed away, etc. (If the dog passed, please state cause of death.)

### CURRENT DOG(S)

Name & Breed	Age	Sex	Altered?	How & Why Obtained?	How Long?

### PREVIOUS DOG(S)

Breed	Age	Sex	Altered?	Kept In/Out	What Happened?	What Year?

Have you ever intentionally bred a dog?  Yes •  No

Has any member of your family ever experienced animal-related allergies?  Yes •  No

Have you ever trained a dog?  No  Basic Commands •  Herd •  Hunt •  Guard/Attack •  Other \_\_\_\_\_

### If you have other pets, please complete the following chart:

Species	How many?	Ages	Kept where?	Since what year?	If cat, declawed? If yes why?

### Your Family Veterinarian (if applicable):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we call your vet as an addition reference?  Yes •  No

Will you be using this vet for your new dog?  Yes •  No If no, do you need a recommendation?  Yes •  No

## YOUR NEW DOG

Describe your ideal dog  Male  Female: \_\_\_\_\_

Energy Level:  High •  Medium •  Low •  No Preference

Adult Weight:  0-20 lbs •  20-50lbs •  50-100 lbs •  100lbs + •  No Preference

Gets along with:  Other Dogs •  Cats •  Children •  Toddlers  No Preference

Level of Training:  Not Trained •  House Trained •  Some Basic Obedience •  Fully Trained •  No Preference

Who would be responsible for the care of the dog? \_\_\_\_\_

What is your primary reason for adopting a dog?

Companion •  Guard dog •  Fighting •  Hunting •  Other \_\_\_\_\_

Where would the dog sleep?  Inside, where? \_\_\_\_\_  Outside, where? \_\_\_\_\_

How many hours per day would the dog be left alone? \_\_\_\_\_

Where would the dog be left when alone?  Indoors •  Outdoors

If outdoors:  Yard •  Patio •  Kennel •  Garage •  Other \_\_\_\_\_

Do you intend to hire a dog walker or take the dog to daycare?  Yes •  No

Do you need a recommendation?  Yes •  No

When you are home, where will the dog be?  Indoors •  Outdoor •  Crate •  Other \_\_\_\_\_

If the dog will be outside at all, what outside space is available for the dog:

Yard •  Patio •  Run •  Balcony •  Unfenced yard •  Other \_\_\_\_\_

How do you plan to handle dog's exercise needs?

Do you feel obedience training makes a dog a better companion?  Yes •  No

If necessary, would you be willing to attend obedience classes at your own expense?  Yes •  No

Do you travel a great deal?  Yes •  No

How often? \_\_\_\_\_ How long at a time? \_\_\_\_\_

When you travel, how do you intend to provide for the dog while you are gone? \_\_\_\_\_

What arrangements would be made for the dog if you had to move:

Locally? \_\_\_\_\_ Out of state? \_\_\_\_\_

To a place where no pets are allowed? \_\_\_\_\_

Under what circumstances would you not keep the dog?

Divorce •  Illness in family •  Moving •  New baby •  New job •  Housetraining problem

Chewing •  Barking •  Digging •  Allergy •  Shedding too much •  Dog grew too big

Dog became ill •  Kids ignore the dog •  Pets didn't get along •  Not obedient enough

Other (explain) \_\_\_\_\_ •  Would not give up for any reason

What would you do if the dog grew to be bigger than you expected?

Return the dog to rescue •  Take the dog to shelter •  Keep the dog but keep outside

Other (explain) \_\_\_\_\_  Nothing

If the dog becomes destructive at your home, what would you do? \_\_\_\_\_

If the dog has "accidents" at your home, what would you do? \_\_\_\_\_

If the dog shows Separation Anxiety, what would you do? \_\_\_\_\_

If the dog becomes aggressive to people and/or dogs, what would you do?

• People Aggression: \_\_\_\_\_

• Dog Aggression: \_\_\_\_\_

If the dog becomes ill or injured, are you financially prepared to provide the medical care?  Yes •  No

The dog may live 15+ years, what would you do with your dog if you could no longer care for the dog?

Is there anything else you would like to tell us about yourself?

Questionnaire Information: All of the information I have provided in this Questionnaire is true and correct. If any of the information changes, I will advise you promptly.

**\*\*Please submit photos of your home with application\*\***

**WE RESERVE THE RIGHT TO REFUSE ANY APPLICANT**

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_