



Dog Adoption Application

*** Completion of Application does not guarantee approval ***

Dog's Name: _____ Gender: _____

Breed: _____ Markings/ Color: _____

Your Name: _____

Spouse/ Partner Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Are you 19 years old or older? (Circle) YES NO

Type of residence (house, apartment, duplex, etc.): _____

Rent _____ Own: _____ or live with someone who does own? _____

Landlord/Complex name and phone number: _____

Have you talked to your Roommates/landlord/Parents about adopting?

(Circle) YES NO

Have you paid your pet deposit fees and discussed restrictions with your Landlord?

(Circle) YES NO

Do you have a fenced-in yard?

(Circle) YES NO

If yes, how tall is the fence and what type (i.e. wooden, chain-link, etc.)?

Are there any children in the household?

(Circle) YES NO

If yes, what ages? _____

Does anyone in the household have pet allergies?

(Circle) YES NO

If yes, how will you manage them? _____

What is the noise/activity level in your household?

(Circle) LOW MED HIGH

Are you a first-time puppy/dog owner?

(Circle) YES NO

Why do you want a dog? (Check all that apply)

____ House pet ____ Family companion ____ Companion for children

____ Protection ____ Companion for another pet ____ Watchdog

____ As a gift ____ Other (Specify): _____

Have you ever given up an animal to someone else or another shelter?

(Circle) YES NO If yes, explain: _____

Do you have other pets? (Circle) YES NO

If yes, specify number and ages of each:

Dogs: _____

Cats: _____

Other: _____

If you have dogs or cats, are they spayed/neutered? (Circle) YES NO

How will you keep the animals separate if they do not immediately get along? _____

If you move, are you committed to finding a place that will let you keep your dog? (Circle) YES NO

Where will the dog go when you go on vacation? _____

Name and number of your current Veterinarian: _____

Are you committed to training your dog if necessary? (Circle) YES NO

Dogs not allowed to get enough exercise are more likely to have behavioral issues (chewing, barking, running around indoors, etc.). How will you make sure your dog gets enough exercise? _____

Pets take up a lot of time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter, and exercise for your new pet?
(Circle) YES NO

Are you able to make a long-term commitment to care for this dog for its entire life?
(Circle) YES NO

How will you pay for any medical emergencies your pet is likely to experience at some point during its life? _____

Note: most Veterinarians will be able to recommend a pet medical insurance that they accept if you should choose to participate.

Will you be able to live with fur on your furniture, stains on your rugs, a warm body in your bed, and an animal that might be destructive at times? (Circle) YES NO
How much time will the dog spend inside ___% outside ___%?
How long will the dog be left alone without humans? _____
Where will the dog be when left alone (crate, inside, outside, room, garage, etc.)? _____ Have you dog-proofed this area to prevent damage/escape? (Circle) YES NO
Where will the dog sleep at night? _____
If something happened to you, who would care for the dog? _____ Under what circumstances would you not be able to keep this dog?

By signing this adoption application, I understand:

The health or temperament of any animal cannot be guaranteed. I am required to establish my dog with a Veterinary practice within 14 days of adoption. This will include an appointment for a general physical with necessary monthly medications purchased. I understand that my vet will be contacted to ensure these requirements are met. I am required to provide monthly heartworm preventative, flea/tick, and intestinal worm treatments.

I agree that all information on this application is accurate. I understand that I'm giving permission that my landlord, Rental Company, and/or veterinarian maybe contacted at any time. **I also agree to a home check to be performed.**

Applicant Signature: _____ Date: _____

(Print Applicant name): _____