

ADOPTION APPLICATION

ADDRESS/EMAIL/CONTACT INFORMATION

Date : _____

PERSONAL INFORMATION REGARDING: YOU, YOUR SPOUSE, YOUR CHILDREN, AND "REGULAR" VISITORS

About You!

Name: _____

Full Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Email address: _____

Work Phone: _____

Occupation: _____

Current Employer: _____

How long employed: _____

If unemployed, whose income would be supporting this animal?

Your Spouse:

Spouse name: _____

E-mail address: _____

Occupation: _____

Current Employer: _____

How long employed: _____

Your Children/Step Children that live with you on a full time basis:

Name: _____ Age: _____

Name: _____ Age: _____

Your Children/Step Children that live with you on a part (i.e. weekend) time basis:

Name: _____ Age: _____

Any other individual(s) that may spend a significant amount of time at your home.

If you have children, have your children been around different breeds of dogs?

Yes No

How are the children around dogs?

Are there children in your household who could open a door and inadvertently let the dog out?

Yes No

Are you willing to teach your child to accept the additional reasonable care and treatment of a dog?

Yes No

Do neighborhood children use your yard as a short cut to a local school or hang out?

Yes

Are your children and the children in your life mature enough to be around dogs?

Yes No

Would your children be responsible to exercise the dog?

Yes No

Would your children be responsible to feed or groom the dog?

Yes No

Would your children be responsible training the dog?

Yes No

How much, if any, of the dog's care would be entrusted in your children?

All Most Some None

List names and ages of other members of your household (i.e. parent, in-laws) living with you:

Name: _____ Age: _____

Name: _____ Age: _____

Do they know and understand that you are in the process of adopting a

() large or () extra large dog. () Yes () No () N/A

Has anyone in your immediate family/household ever been convicted of a charge related to cruelty to animals or child abuse? () Yes () No

is there any such charge pending? () Yes () No

has any such charge ever been filed? () Yes () No

If yes to any of the above, please explain and give disposition of charge. Use additional sheet if necessary. _____

Please tell us a brief history about your family, children, house, yard, and pets you have had or currently have: _____

GENERAL INFORMATION:

Where have you looked for a new pet?

- | | |
|-------------------|---------------|
| () Human Society | () Newspaper |
| () Rescue Groups | () Breeder |
| () Friends/Vet | () Pet Store |

How do you feel about any of the above groups:

Does anyone in the family not like big dogs (over 70 lbs -200 lbs)?

() Yes () No

Which family member would be the main caretaker of the animal? _____

Have you had a dog before or fostered a dog before?

() Yes () No

If yes, what kind of dog(s)? _____

EXISTING/PREVIOUS ANIAMLS IN HOUSEHOLD

Where did you get your current pets?

- Human Society
- Rescue Groups
- Friends /Vet
- Newspaper
- Breeder
- Pet Store

How old were the pets when you got them? _____

CURRENTLY OWN

| Type | Age | Neutered/ Spayed | Current Vaccs | Indoors/Outdoors |
|------|-----|---------------------|---------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PREVIOUSLY OWNED

| Type | Age | Neutered/ Spayed | Current Vaccs | Indoors/ Outdoors |
|------|-----|---------------------|---------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

HOME ENVIRONMENT

Where will your dog be when you are at work or away for other reasons? _____

Where will your dog sleep? _____

What type of home do you live in? _____

Do you own or rent: Own Rent

Would your neighbors complain if you have a large or extra large dog? Yes No

Do you have a fenced yard? Yes No

If yes, how large an area is fenced? 10' X 10' 20' X 20' 30' X 30' 40' X 40'

over 50' X 50

What kind of fencing? _____

How high is it? _____

Have you repaired any openings along the bottom of the fence where small dogs can escape?

If you do not have a fenced yard:

How will you exercise the dog? _____

How will you provide for his need to eliminate? _____

What is the maximum number of hours your dog will be left alone during a 24 hour period?

4 hours 6 hours 8 hours 10 hours more than 10 hours

Where will he spend this time? _____

Do you object to the use of a crate? Yes No

Do you have a crate? Yes NO

Would you get one? Yes No

What will you do if your dog is destructive when left alone?

Are you willing to attend obedience classes with your dog? Yes No

Have you ever surrendered a pet of yours to an animal shelter? Yes No

Under what circumstances? _____

Have you ever sold or given away one of your pets? Yes No

If yes, why? _____

Have you ever trained a dog before? Yes No

If yes, why?

VETERINARY/HEALTH CARE INFORMATION

Current vet and phone number for vet reference check:

Would you agree to continue to use the vet that this dog has been seeing?

Yes No

Do you have the financial capability to purchase this dog's special needs medicine (if applicable)?
Yes No

Do you provide heartworm prevention, annual vaccinations and other necessary vet care for your pets?
 Yes to all No to all Yes, annual vacc., but not heartworm
 No, I do not believe in giving an animal chemicals

Can you afford to spend at least \$500 per year for food and routine medical care for your pet?

Yes No

Do you, yourself provide any vaccinations to your pets? Yes No

If so, what type: Distemper Parvovirus Leptospirosis Other

Are you aware of your responsibilities to license your pet, respect the local leash and scoop-n-poop by laws? Yes No

What breed are you looking for ? _____

Have you owned this breed before? Yes No

How have you educated yourself about this breed of dog?

Please list your preference regarding:

Sex of dog: Male Female Either

Age of dog (list minimum and maximum) _____ Weeks to _____ Years

Will you consider something other than your stated preference? Yes No

First Choice of Breed of Dog: _____

Second Choice of Breed of Dog: _____

Third Choice of Breed of Dog: _____

Are you willing to pay to ship a rescue dog? Yes No

How far can you drive to look at/pick up a dog? _____ miles

Please provide the names and phone numbers of two non-related individuals who can serve as references:

What are the requirements for dog ownership in your community?

How many pets may you legally have? _____

Are dogs required to be vaccinated against rabies? () Yes () No

Is there a leash law? () Yes () No

What kind of dog food will you feed? Be specific please _____

What hobbies do you have in which you could include your dog? _____

What circumstances, in your mind, justify getting rid of a dog?

What would you do with the dog if the above circumstances occurred?

IF FOR ANY REASON YOU WOULD HAVE TO FIND A HOME FOR THIS DOG DUE TO MEDICAL OR OTHER, THE UNDERSIGNED WOULD BE CONTACTED FIRST TO TAKE SAID DOG BACK. IF FOR ANY REASON THE DOG WOULD REQUIRE MEDICAL TREATMENT THAT YOU COULD NOT AFFORD RATHER THAN PUTTING HIM DOWN YOU WOULD CONTACT THE UNDERSIGNED FIRST.

This is a written contract signed between two consenting parties.

Thank you for taking your time to complete this application. By signing below you attest to the truthfulness of your answers. Falsification of any of the above information will be grounds to disallow your adoption of a rescued dog.

Applicant Signature

Date