



Application For Adoption

Date _____ Name or type of pet applying for _____

Name _____ Home Phone _____ Cell Phone _____

E-mail Address (If available): _____ Date of birth _____

Address _____ City _____ Zip Code _____

How long have you lived at this address? _____

Employer Name _____ Occupation _____

Spouse's Name/Employer _____

Spouse's Work Phone _____

Reference – local friend or relative: Name/Phone _____

1. List ALL pets owned (past & current) in the last five years:

TYPE	SEX	AGE	SPAYED/NEUTERED?	WHAT HAPPENED TO IT?

1a. If NONE, have you ever owned this type of pet? _____ How long ago? _____

2. Why do you want to adopt this animal? *Companion* *Guard Dog* *Mouser* *Gift*
To Breed *Personal Protection* *For Children* *Other* _____

3. How many adults are in your family or house? _____ Children? _____ Ages of Children _____

4. If there are no children, do you expect that to change during this pet's lifetime? _____

5. Do all of the adults in the home know that you will be bringing home a new pet today? _____

6. Who will be responsible for feeding, housebreaking & training? _____
7. Does any member of your family have allergies to animal? _____
8. Is someone home during the day? _____ Who? _____
9. How many hours will this pet be alone during the day? _____
10. When left alone at home, this pet will be kept in the (circle your response) *House / Garage / Basement / Yard/ Outdoor kennel / Tie out / Crate*
11. At night, while we are sleeping, this pet will be kept (circle your responses):
House / Garage / Basement / Yard / Outdoor kennel / Tie out / Crate
12. When I am away on vacation, this pet will be kept (circle your responses):
House / Garage / Basement / Yard / Outdoor kennel / Tie out / Crate/Pet Sitter/Boarding Facility
13. Where will this pet sleep (be as detailed as possible, please) ? _____
14. Do you live in a: *House / Townhouse / Apartment / Duplex / Condo / Mobile Home*
 Do you: *Own / Rent* (circle your responses)
 Landlord's name and phone number _____
14. DOG ADOPTERS:
 Do you plan to take this dog through obedience classes? _____
 Have you ever taken a dog through obedience classes? _____
 If required with adoption, are you willing to attend a training class or session? _____
 What are your feelings about crate or kennel training? _____
- Do you have a fenced yard? Yes/No What type? _____ Height at lowest point? _____
 If NO, how will you keep your pet at home? _____
 Will your dog ride in the back of a pick-up truck? _____ How will the dog ride? _____
15. CAT ADOPTERS:
 Do you plan to declaw your cat? _____
 How will you introduce you new cat to your existing pets? _____
 Will your cat go outside? _____
16. In your personal opinion, which of these situations would make you consider giving up your personal pet?
 (circle your responses....PLEASE BE HONEST)
- | | | | | |
|------------------------------|--------------------------|---------------------------|--------------------------------|-------------------------------------|
| <i>Fence jumping</i> | <i>Jumping on people</i> | <i>Terminal Illness</i> | <i>Biting</i> | <i>Destructiveness &Chewing</i> |
| <i>Stealing Food</i> | <i>Allergies</i> | <i>Growling</i> | <i>Housebreaking Accidents</i> | <i>Spraying (cats)</i> |
| <i>Showing Teeth</i> | <i>Too Active</i> | <i>Scratching</i> | <i>Afraid of loud noises</i> | <i>Carsickness</i> |
| <i>Hiding from strangers</i> | <i>Chasing cars</i> | <i>Chasing other pets</i> | <i>Chasing livestock</i> | <i>Sucking on blankets (cats)</i> |
17. Have you ever had to give up a pet? If **yes**, When and Why? _____
18. It may take your new pet a month (or longer if other pets are involved) to adjust to its new home. What will you do if your pet displays undesired behavior (**see #16 for examples**) during this adjustment time? _____
19. If you have a pet now, who is your veterinarian? _____

20. How much time will you spend with this new pet each day? _____
21. What will you do with the pet during this time? _____
22. Are you familiar with local animal control laws & ordinances? _____
23. Do you plan to let your pet have puppies or kittens? _____
24. Do you or any of your family members smoke cigarettes in the house? _____
25. How do you feel about having this animal spayed or neutered? _____
26. Do you know that dogs/cats require yearly vaccinations? _____
27. If you go away for a few days, who will care for this pet? _____
28. If you can no longer care for this pet, what will you do with it? _____
29. Do you plan to place personal ID tags on your pet? _____
30. How long do you expect to keep this pet? _____
31. We require a home visit prior to final adoption approval. Is a home visit authorized? _____ Also, you will get a follow-up call(s) or home visit(s) after adoption from a Good Dog Rez-Q representative to make sure everything is going well with your new pet. Will this be a problem? _____

By signing below, I certify that the above information is true. I further certify that I am financially and physically able to care for this animal. I understand that proper food and veterinarian care can be costly and I am able to meet these obligations. I understand that home checks may be made on a random basis prior to or following adoption. If any information contained in this application is found to be false, I understand the animal will be removed from my premises without a refund of monies paid.

Signature of Applicant

Date

Good Dog Rez-Q Witness

Date