

APPLICATION FOR DOG ADOPTION

Completing this application is the first step toward adopting a dog. This info will help in determining if the dog is a good match for you and your family.

Date _____ Name of Dog (if known) _____

Breed _____ Age of Dog _____ Color/Markings _____

Applicant's Name _____ Driver's License # _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Are you willing and able to make a LIFETIME commitment to the care of this pet (15+ years)? Yes No

Owning a pet is a financial responsibility. Ask yourself these questions: Can I afford to have a pet? Can I afford to feed it quality food? Can I afford to take it to the vet? How much can I spend on veterinary care? Initial that you have read and understand this info. _____

Please be aware that PARVO is prevalent and the risk for puppies under six months of age is greatest. Even expensive purebred puppies get ill and die. We do our best to vaccinate and adopt out only healthy dogs and puppies, but vaccination against disease does not protect 100%. Keep your dog's vaccinations up-to-date. Initial that you have read and understand this information. _____

Applicant Age: Over 18 _____ Under 18 _____ (a parent or guardian's permission will be required)

Number of people in household _____ List ages of children under age of 18 _____

Do you have grandchildren that will be visiting? No Yes Age(s) of grandchildren _____

Do you or anyone in the household have allergies to animals? No Yes Dogs _____ Cats _____

Who will be responsible for the care (feeding, grooming, exercise and training) of your new dog? _____

Type of Residence: House _____ Apt _____ Condo _____ Mobile Home _____ Farm/Ranch _____

If rental, are dogs allowed? _____ Initial to give permission to call your landlord to confirm _____

Manager/Landlord Name _____ Phone _____

Type of Street: Busy Road _____ Light Traffic _____ Residential _____ Country _____

Speed Limit: _____ Are you planning on moving in the near future? (if yes, explain) _____

Where will the dog live? Inside Only _____ Mostly Inside _____ Mostly Outside _____ Outside Only _____

Where will the dog spend the night? Inside _____ Crated _____ For how long? _____ Outside _____

Do you have a secure/fenced yard? Yes No Type and height of fence _____

Will dog be leash walked? Yes No Will dog be allowed to run loose off leash? Yes No If yes, where? _____

What form of shade is in your yard? Trees _____ Covered Patio _____ Dog House _____ Other _____ None _____

How many hours per day will dog be alone (without human companionship)? _____

Where will dog stay when alone (inside, outside, crated, etc.)? _____

Have you had pets before? No Yes If yes, what happened to these pets? _____

List all pets currently in home (type, breed, sex, age) _____

Have you had experience with this type of dog (puppy and/or breed)? (if yes, explain) _____

Are all your pets spayed/neutered? Yes No If no, why not? _____

Name of Current or Past Vet/Clinic _____ Phone _____

Applicant's Signature _____

We reserve the right to reject any application.