

Full name: \_\_\_\_\_ Spouse \_\_\_\_\_

Occupation(s): \_\_\_\_\_ SPOUSE Occupation: \_\_\_\_\_

How many hours do you work average? \_\_\_\_\_ Spouse \_\_\_\_\_

Address: \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Email address: \_\_\_\_\_

Family & Housing

How many adults are there in your family (their relationship to you)? \_\_\_\_\_ Children and Ages \_\_\_\_\_

Describe home: single family, apartment etc.? \_\_\_\_\_

Is your household: \_\_\_ Active \_\_\_ Noisy \_\_\_ Quiet \_\_\_ Average \_\_\_

Do you live on a busy street? YES \_\_\_ NO \_\_\_

Does anyone in the family have a known allergy to dogs? YES \_\_\_ NO \_\_\_

Do you have a fenced in yard? YES \_\_\_ NO \_\_\_

TYPE: CHAIN \_\_\_ Height \_\_\_ WOOD \_\_\_ Height \_\_\_ TIE OUT \_\_\_ Invisible \_\_\_

Other Pets

What other pets do you have (specify breed and number)? \_\_\_\_\_

UTD on vaccines \_\_\_\_\_ Neuter/Spay \_\_\_\_\_ Energy level: Low \_\_\_ Moderate \_\_\_ High \_\_\_

Where does your current dog stay while you are gone? \_\_\_\_\_

Have you ever surrendered a pet? If so, why? \_\_\_\_\_

Have you ever had a pet euthanized? If so, why? \_\_\_\_\_

Have you ever adopted and needed to return the dog for any reason? \_\_\_\_\_

Have you ever adopted a dog and did a trial adoption? \_\_\_\_\_

What level of training are you comfortable with?

\_\_\_ Low to moderate (includes basic commands and leash walking)

\_\_\_ Moderate to High (includes basic commands, leash walking, potty training, chewing and some behaviors like jumping or excitement.

I have experience training \_\_\_\_\_

Do you prefer a non shedding dog? \_\_\_\_\_

# ADOPTION APPLICATION

REVISED 5/2020

One thing you would love about a dog you are applying for \_\_\_\_\_

I love these qualities of a dog. \_\_\_\_\_

Something I want you to know about me and my family \_\_\_\_\_

I want a dog under 50 lbs. \_\_\_\_\_ I want a dog over 50-100 lbs. \_\_\_\_\_ I don't care, I just want to adopt my match. \_\_\_\_\_

Tell us about you and why you want to adopt.

## Veterinarian

How many years? \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Clinic Name \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Personal References

Please list someone who is familiar with both you and your pets.

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature) (Date)