

Full name: _____ Spouse _____

ADOPTION APPLICATION

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: _____

REVISED 1/2019

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 _____ Heigh _____ TIE OUT _____ Invisible _____

Where does your current dog stay while you are gone? _____

Other Pets

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

on vaccines _____ Neuter/Spay _____ Energy level: Low _____ Moderate _____ High _____

Have you every 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.

Do you prefer a non shedding dog? _____

One thing you would love about a dog you are applying for _____

ADOPTION APPLICATION

REVISED 1/2020

One thing you would love about a dog you are applying for _____

I have experience training _____

I love these qualities of a dog. _____ of _____

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)

All above is true and I understand that any false information will result my application being removed from MDRC files.