

DOG ADOPTION APPLICATION

Name _____

Home Ph# _____ Work# _____

Address _____ City _____ State _____ Zip _____

Mailing Address _____

Who is this dog for? Gift _____ Friend _____ Yourself _____ Family _____ Other _____

Why do you want this dog? Watchdog _____ Companion _____ Family Pet _____

What pets do you have now? Dogs _____ Cats _____ Other _____

Are these pets spayed and/or neutered? _____ Up to date on vaccinations? _____

Vet reference and phone number: _____

Where will this dog be kept during the day? _____ At night? _____

How many adults live in your home? _____ Children? _____ Their ages _____

How many hours will the dog be left alone? Daytime _____ Nighttime? _____

When outside, how do you plan to confine your dog?

Runner _____ Tied _____ Leash-walk _____ Loose _____ Fenced yard _____ Other _____

Do you RENT or OWN? _____

Apartment _____ House _____ Condo _____ Mobile Home _____ Dormitory _____ Other _____

Would you allow a representative to call or visit to see how the animal is doing? _____

The above information is true and correct to the best of my knowledge. Failure to state the truth will result in denial.

Applicant's Signature

Date

