

**DOG" - APPLICATION TO ADOPT**



FAX TO: 1-866-600-5945 -or-- SCAN / EMAIL TO: [jmilbyer@gmail.com](mailto:jmilbyer@gmail.com)

We sincerely hope we have an animal that fits your needs. Please fill out this questionnaire completely. It is designed to help us find you the most compatible pet with your lifestyle. Our ultimate goal is to match the right dog with the right home for the enduring happiness of both dog and owner.

This is an "application" and does not guarantee you will end up with one of our pets.

**\*\*\*BLACK INK PLEASE ---**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. PLEASE ANSWER ALL QUESTIONS.

DATE: \_\_\_\_\_ Name of Dog(s) You Wish to Adopt: \_\_\_\_\_

How did you hear about us: Petfinder- Adopt a Pet - Event: Specify: \_\_\_\_\_

Where did you see him/her? \_\_\_\_\_

YOUR Name(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ COUNTY \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How long there? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work address/City/State/Zip: \_\_\_\_\_ How long there? \_\_\_\_\_

**IF RETIRED:** From where: \_\_\_\_\_ Profession: \_\_\_\_\_

DRIVER'S LICENSE #: (Required) \_\_\_\_\_ STATE# \_\_\_\_\_

**BEST WAY TO CONTACT YOU: HOME#** \_\_\_ **CELL #** \_\_\_ **WORK #:** \_\_\_ **EMAIL** \_\_\_

Is this pet a gift for someone? Y / N

Why this pet?

Please list the pets you now have in your home:

Type/Breed	Name	Sex	Fixed?	Age	Owned Since	Comments
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**DO you/DID you** use Heartworm Prevention? \_\_\_\_\_ Brand: \_\_\_\_\_ Where do/did you purchase it? \_\_\_\_\_

Flea/Tick prevention? \_\_\_\_\_

Are your current pets up to date on shots? \_\_\_\_\_ Last visit to the vet was: \_\_\_\_\_

What brand of food **DO you/DID you** feed your dog?

Purchased from: SuperMarket \_\_\_\_\_ Pet Store \_\_\_\_\_ Other: \_\_\_\_\_

PLEASE LIST PREVIOUSLY OWNED PETS: OR -- **CHECK HERE IF THIS IS YOUR 1<sup>ST</sup> PET** \_\_\_\_\_

Type/Breed	Name	Sex	Fixed?	Age	Dates Owned	What happened to him/her
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Have you ever surrendered a pet to a shelter or given one away? Y / N

What were the circumstances?

OWN \_\_\_ RENT \_\_\_ DO YOU HAVE A POOL? Y / N Community \_\_\_ Private: \_\_\_

Will the dog be allowed in it? Y / N

House \_\_\_ Condo \_\_\_ Apartment \_\_\_ Townhouse \_\_\_ Live w/ parents \_\_\_ Other \_\_\_ (explain) \_\_\_\_\_

How long there? Any pet restrictions?: \_\_\_\_\_

Name of Complex/Community:

**(Required):** Landlord's Name

Landlord's Telephone:

Do you have a securely fenced yard?

Yes \_\_\_ No \_\_\_ How High?

If not, are you willing to leash walk at all times?

Yes \_\_\_ No \_\_\_

**EXPLAIN what type of exercise this dog will get:**

How many ADULTS in your household? \_\_\_ Relationship: Wife, husband, partner, room-mate \_\_\_\_\_

How many CHILDREN? \_\_\_ Ages: \_\_\_\_\_

Do you have contact with grandchildren or neighborhood/other children? Yes \_\_\_ No \_\_\_

Are you active w/ your kids sports activities? How many nights a week \_\_\_

What are the working hours of the adults in the house? \_\_\_\_\_

This dog will be left alone without human companionship for about \_\_\_ hours per day.

Where will the dog be kept during the day?

At night?

Where will it be kept when left alone?

Where will it sleep?

What will you do with the dog if you move/change housing/add on to family?

Do you have a family member or friend who would be willing to take this pet if illness arises and you are no longer healthy enough or financially able to care for this pet? Y / N

Who: (name) \_\_\_\_\_ Relationship: \_\_\_\_\_

Who will be primarily responsible for the care of the dog? \_\_\_\_\_

Some dogs require grooming on a regular basis & can cost up to \$700 a year. That OK w/ you? Y/N

Some dogs require a special diet - Is that OK with you? Y / N Even if the food costs more? Y / N

Does anyone in the home have any allergies? Yes \_\_\_ No \_\_\_

Are you willing to take the time to work with a dog on housebreaking issues? Yes \_\_\_ No \_\_\_

Knowing that some rescue pets have had little or no training, are you willing to take the dog to obedience classes? Yes \_\_\_ No \_\_\_ What training methods have you used in the past?

Have you personally ever taken a basic obedience class of any kind? \_\_\_Where/When: \_\_\_\_\_

Do you believe in crate training? Ever used it?

Your Veterinarian is (or was): \_\_\_\_\_ Name of Doctor: \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

Would you object to our visiting your home and meeting all members of your family? Yes \_\_\_ No \_\_\_

May we contact your Vet? Y / N Landlord? (If applicable) Y / N

**\*\*We reserve the right to refuse to adopt an animal to a home with children 12 years of age and younger.**

I have read the above information carefully and have filled out this application honestly. I understand the omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand and accept that you have the right to annul the adoption and reclaim the dog. I give you permission to fully investigate the information provided as well as contact veterinarians and related officials. Furthermore, I understand and accept that the adoption decision depends upon many factors, including -- but not limited to--the compatibility of the family and home to the individual dog as well as other applications received on the dog. I understand and accept that it is your prerogative to decide which home is most appropriate for this animal, and I will not take issue with the decision. Unless otherwise indicated by you, I may be considered for another dog.

DATE: : \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_