



DOG ADOPTION APPLICATION

Name of Dog(s) Applying for: _____

1. Applicant Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

2. Home Information. Please check one of the following:

House _____ Condo _____

Apartment _____ Mobile Home _____

Do you have a fenced in yard? Yes _____ No _____

3. For how many hours would the dog be alone during the day ? _____

Where will the dog stay when he/she is home alone? (please be as specific as possible; i.e. run of the house, a specific room, a crate, etc.)

4. When inside, how do you plan to keep your pet? Check all that apply:

Free inside house _____ Confined to crate _____ Inside a closed room _____

5. When/if outside, how do you plan to keep your pet? Check all that apply:

N/A, indoors only _____ Garage _____ Patio area _____

Invisible fence _____ Fenced yard _____ Outside dog run _____

6. Where will your pet be kept during the day? At night?

7. Do you have a pet now? _____ How many? _____

List type of pets (if dog, list breed); age(s) and sex(es):

Do your animals get along with (other) dogs? _____

8. PET HISTORY

1. Have all of your family members been around dogs? _____

2. Have you had the experience of being primary caregiver to a dog? _____

3. Have you ever given a pet away, given it to a shelter or rescue group, returned it to a breeder or sold it? _____

4. Have you ever had a pet for a short period of time and it didn't work out? _____

5. Have you ever had an animal lost or stolen? _____

By submitting this application form, I verify that the above statements are true to the best of my knowledge.

Applicant's Signature