

DOG ADOPTION APPLICATION

Name: _____

Address: _____

City/State: _____ Postal Code: _____

Email: _____

Telephone: _____

YOUR FAMILY & LIFESTYLE

- 1) Number of adults living at home: _____
- 2) Number of children living at home:
0-7 years: _____ 8-17 years: _____
- 3) What allergies does anyone have?
_____ None
- 4) Have you had dogs before?
Yes, which breed? _____ No
- 5) Tell us about when you had a dog pass away or you have surrendered/gave away a pet in the past?

- 6) Realistically, how much exercise will you give your dog?
 - a. Weekdays: _____ hours
 - b. Weekends: _____ hours
- 7) What would you enjoy doing with your dog?
(Check all that apply.)

Off-Leash Walking On-Leash Walking Jogging

Watching TV Cycling Games

GENERAL OWNERSHIP QUESTIONS

- 1) What do you think are the most important responsibilities in owning a dog?

FOR OFFICE USE ONLY

Staff Name: _____	Date: _____
Dog's Name: _____	Breed: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Reasons: _____ _____	

YOUR HOME

1. Do you have your landlord / property manager's permission to have pets?
Yes No
2. Do you have a fenced yard? Yes No
3. How much of the time will the dog be indoors?
_____, Outdoors? _____
4. Where will the dog be while you are gone from home (work, school, book club etc.)

5. Do you plan to use any of the following?
 crate run or outdoor kennel Dog house
 tie the dog up outside None
6. Where will the dog sleep at night?

7. Do you have other pets? Yes No
If yes, please list them.

Name	Type	Age	Sex	Spayed / Neutered?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- 2) What behavior do you expect from this dog when it first comes to live in your home?

3) What are your opinions about disciplining a dog?
How do you plan on disciplining your dog?

4) Dogs under stress (e.g., on being introduced to a new environment) may mark territory by urinating indoors. How do you plan to handle this?

5) Most dogs shed 365 days a year. Some breeds need regular grooming, and will roll in dirt, how will you handle grooming

6) Some dogs will need more frequent medical and dental care than others. Are you willing to provide regular dental and vet care and check-ups for the rest of the dog's life?

7) Sometimes unforeseen circumstances arise. If you could no longer keep your dog, what would you do?

CURRENT PETS

1) Are your current dogs licensed? Yes No

2) If you own dog(s), are they, or have they been on, heartworm preventive medicine? Yes No

3) Will your dog regularly interact with ANY other animals? Yes No

4) What do you feed your dogs? (Type and brands of regular meals, and typical treats)

5) Where do your current dogs sleep?

6) Where are your current dogs during the day?

7) What do you currently do with your dogs (and other pets) when you go on vacation, business trips, or find yourself away from home over night?

8) If no current pets, what is your plan for these events?

YOUR EXPECTATIONS

1) What research have you done regarding this breed(s)?

2) What are the most important characteristics you are looking for in choosing your ideal dog?

3) Have you considered all the costs involved in owning a dog (vet care (including regular check-ups, dentals, shots, and emergency care), quality food, fencing, liability insurance, rental deposits, training, etc.)? Yes No

4) Have you applied with another organization for a dog at this time? If so, which one?
Yes, Where _____ No

5) What steps have you taken to prepare for a new dog/puppy?

6) Where did you learn about this dog?
 Adoption Event Facebook Mikey's Chance Service Peace Warriors Mattox Dog Training Academy

VET INFORMATION

Please provide details about the vet you plan to use or are currently using. If you have recently changed vets, please provide information about the vet(s) you used previously. Please include information for the last 5 years of veterinarian care. Please use additional sheet if necessary

If no previous vet please put N/A

Vet/Practice
Address:
City/State: Zip Code:
Email:
Telephone:

Years with Vet/Practice: _____

Does your regular vet vaccinate your pets?
Yes No

If not, where do you have them vaccinated?

Previous Vet/Practice:
Address:
City/State: Zip Code:
Telephone::

Years with Vet/Practice: _____

PERSONAL REFERENCES

Please provide 2 references who can attest to your suitability as a pet owner. References must be adults, not living in your household, and one must not be a family member.

1st Reference

Name
Relationship:
City/State:
Email:
Telephone:

2nd Reference

Name
Relationship:
City/State:
Email:
Telephone:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Applicant
 Signature: _____ Date: _____