



Dog Adoption Application

Dog I am interested in _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Your Pets

How many dogs do you have? _____ (If more than 2, please list on back)

Name _____ Breed _____ Age _____

Name _____ Breed _____ Age _____

How long have you had your current dog(s)? _____

Do they get along with other dogs? Yes ____ No ____ Are all your pets spayed or neutered? _____

Are your dogs up to date on vaccinations? _____ On heartworm preventative? _____

Do you have other pets in the home? _____ Type _____

Veterinarian Information

Clinic Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Your Household

How many people live in your household? _____ Number of adults in the home _____

Do you have children? _____ How many? _____ Ages _____

Is everyone in the household in agreement with the adoption? _____

Does anyone in the household have a history of pet allergies? _____

Type of Dwelling _____ Own or Rent _____

If you rent, do you have written permission from your landlord to have a dog? _____

Landlord's Name _____ Phone number _____

Do you have a fenced yard? _____ Type of fence _____

Your New Pet

How many hours during a typical day will your new dog be alone at home? _____

How will your dog spend its days/nights? (Check everything that applies):

Indoors with whole/part house access _____ Crated _____ Basement _____ Garage _____

Open Porch _____ Screened Porch _____ Sunroom _____ Chained _____

Locked in a room _____ Loose in fenced yard _____ Loose in unfenced yard _____

Tied Outside _____ Kennel Run _____ Outdoor Pen _____

Have you ever given away a pet? _____ If yes, please explain. _____

Under what circumstances might you consider giving up your dog?

Moving _____ Baby _____ Not getting along with other pets _____ Behavioral problems _____

Children lost interest ____ Too time consuming ____ Allergies ____ Separation/Divorce _____

Dog's medical problems _____ Personal/family medical issues _____

Other (please explain) _____

If there is a life-threatening emergency, are you willing to take on the financial responsible and get your dog to an emergency vet, if it is after regular hours? Yes ____ No ____

What do you do with your pets when you go out of town? _____

What plans do you have for your pets if something happened to you? _____

Please list two personal references not related to you:

Name _____ Address _____

City, State _____ Phone _____

Name _____ Address _____

City, State _____ Phone _____

I agree to allow you to visit my home by appointment as part of our application or your follow-up process. Yes ____ No ____

I agree to that if I am no longer able to keep this dog or circumstances are not favorable for the dog, it will be returned to **For the Love of a Paw** Yes ____ No ____

I certify that the information I have given is true, and I authorize *For the Love of a Paw* to contact veterinarians, landlords, and references to investigate all statements in this application, and to do follow-up property checks if necessary.

Signature _____ Date _____