



DOG ADOPTION REQUEST

WHICH PET(S) WOULD YOU LIKE TO MEET?

DATE	PET NAME	AGE	CSR		TECH	HOLD	NTM

PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION COMPLETELY

1. NAME: _____

2. NAME OF SPOUSE/ROOMMATE(S): _____

3. NUMBER OF PEOPLE IN HOME: ADULTS _____ CHILDREN _____ AGES OF CHILDREN _____

4. IS ANYONE IN THE HOUSEHOLD ALLERGIC TO ANIMALS? Yes No

 If yes, who? _____ To what? _____

5. OCCUPATIONS: _____ / _____

6. COMPLETE PHYSICAL ADDRESS: _____

7. COMPLETE MAILING ADDRESS (if different): _____

8. TELEPHONE: Home _____ Work _____

 Mobile _____ *Email (required) _____

 May we email you animal story updates and tips on pet ownership? Yes No

9. TYPE OF DWELLING: House Condo Apartment Other: _____

10. DO YOU: Rent Own

11. LANDLORD'S NAME: _____ Phone _____

12. IS AN ADULT HOME DURING THE DAY? Yes No If yes, who? _____

13. HOW MANY HOURS A DAY WILL THE DOG BE LEFT ALONE?: _____

14. ARE YOU LOOKING FOR INDOOR, OUTDOOR OR INDOOR/OUTDOOR?: _____

15. WHERE WILL THE DOG BE WHEN YOU'RE NOT HOME?:

Indoors Outdoors Garage Other: _____

16. WHERE WILL THE DOG BE WHEN YOU ARE HOME?: _____

17. WHERE WILL THE DOG SLEEP?: _____

18. WHAT OUTDOOR SPACE IS AVAILABLE TO THE DOG?:

Fenced yard Kennel Garage Unfenced yard Other: _____

19. HEIGHT OF FENCE: _____ APPROX. AREA OF YARD _____

20. DO YOU OWN A PET NOW? Yes No (If yes, please list below.)

21. HAVE YOU HAD PETS IN THE PAST? Yes No (If yes, please list below.)

Type of animal	How & why obtained?	How long kept?	Where is the animal now?

22. HOW MUCH TIME ARE YOU WILLING TO SPEND HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE?: _____

23. UNDER WHAT CIRCUMSTANCES WOULD YOU NOT KEEP THIS DOG?: _____

24. WHAT WOULD YOU DO IF THE DOG WAS DESTRUCTIVE? (Chewing, barking, house soiling): _____

25. WHAT DO YOU FEEL IS AGRESSIVE BEHAVIOR?: _____

WHAT WOULD YOU DO IF THIS OCCURED?: _____

26. HAVE YOU PREVIOUSLY ATTENDED A BASIC OBEDIENCE COURSE WITH YOUR DOG(S)?: Yes No
 Why or why not?: _____

27. DO YOU PLAN TO COMPLETE A COURSE WITH THIS DOG?: Yes No
 Why or why not?: _____

28. WOULD YOU OBJECT TO AN INSPECTION OF YOUR HOME? Yes No

I certify that the above is true & correct. Any false information may result in the nullification of this adoption.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY			
ANIMAL(S) NAME/AGE:	DATE	IN	'TIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
LANDLORD APPROVAL:	DATE:	_____	
NEED TO MEET:	DATE:	_____	
NEED TO MEET:	DATE:	_____	
NEED TO MEET:	DATE:	_____	
ANIMAL TO MEET:	DATE:	_____	