

APPLICATION

A D

CONTACT ID _____

ADOPTION REQUEST DOGS

DATE	ANIMAL	AGE	CSR		TECH	HOLD	NTM

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 (____) _____ E-MAIL _____May we email you animal story updates and tips on pet ownership? Yes No

9. TYPE OF DWELLING: House Condo Apt Other _____

10. DO YOU RENT? OWN?

11. WHAT IS YOUR LANDLORD'S NAME? _____

PHONE (____) _____

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

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

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

15. WHERE WOULD THE DOG BE WHEN YOU'RE NOT AT HOME?
Indoors Outdoors Garage Other

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

17. WHERE WILL THE DOG SLEEP? _____

18. WHAT OUTSIDE 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 (Please list below.)

21. HAVE YOU HAD PETS IN THE PAST? Yes No (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 AGGRESSIVE BEHAVIOR? _____
WHAT WOULD YOU DO IF THIS OCCURRED? _____

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 and correct. Any false information may result in the nullification of this adoption.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

ANIMAL(S) NAME/AGE:

_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____
_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____
_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____
_____	DATE _____	IN _____	'TIL _____	MED _____	HX _____

LANDLORD APPROVAL: _____

NEED TO MEET: _____

NEED TO MEET: _____

NEED TO MEET: _____

ANIMAL TO MEET: _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

