



Dog Adoption Application



Applicant Name: _____ **Date:** _____

Address: _____

Home phone#: _____ **Cell#** _____

Email: _____

Employer Name/Number: _____

Occupation: _____

Are You 18 Years or Older? _____

Are You a Student? _____

- **What type of puppy/dog are you interested in?** _____
- **Please check: Male** _____ **Female** _____ **Puppy** _____ **Adult** _____
- **Personality type:** _____ **Color:** _____ **Size:** _____
- **How many people currently reside in your household?** _____
- **Any children in the household? Ages?** _____
- **Does any member of the household have allergies?** _____
- **Who will be responsible for the dog's care?** _____
- **What type of dwelling do you live in?** _____
- **Do you rent or own?** _____
- **If you rent please name your landlord and phone number.** _____
- **Are pets allowed? Yes** _____ **No** _____ **Not Sure** _____
- **Where will the dog be kept?** _____
- **If outdoors, will the dog be -attended** _____ **-unattended** _____
- **Do you have a fenced in yard?** _____
- **Will anyone be home during the day?** _____

- How many hours a day will the dog be unattended? _____
- When no one is home, where will the dog be kept? _____
- Do you plan on chaining the dog? _____
- How far from the road/traffic is your home/farm located? _____
- Is the volume of traffic? Light _____ Heavy _____ Moderate _____
- Have you ever had a companion animal (pet) before? _____
- List & describe those pets you own/care for or that are living in your household.

- List & describe those pets you have owned before, but no longer care for.

- Where are the pets you no longer care for now?

- Are your pets current on their vaccinations? _____
- Are your pets spayed and neutered? _____
- Please provide name and phone number of your veterinarian(s).

- Do we have permission to check your veterinary reference? _____

Please sign below if you give permission to a Humane Society A.L.L. volunteer to call and obtain information from your veterinarians(s) regarding the type and quality of pet care that you provide to your past or present pets?

Signature of Approval to Check Veterinary Reference

Date

- Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? _____

- What will you do if your new dog doesn't get along with your present pets?

- Have you ever adopted an animal from a rescue agency?

- Has your application ever been rejected? _____

- Why do you want to adopt a dog? _____

- If a disciplinary or behavior problem arises, what steps will you take to work on it? _____

- Are you familiar with your local animal control laws? Yes _____ No _____

- Are you willing to sign legal pet adoption papers? Yes _____ No _____

- Do you agree to permit a visit to your home/farm by appointment? _____

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Humane Society A.L.L. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Humane Society A.L.L. discovers the above information is not true or correct, Humane Society A.L.L reserves the right to remove the adopted dog from my home/farm.

Signature _____

Date _____