

Adoption Application

Your Name _____ Date _____

Dog's Name _____ Phone # _____ Fax # _____

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1. Who shares your household? Spouse _ Significant Other _
Roommate _ Children _ Live-In _ Other _____
 2. Age(s) of children, if any, who live in household? _____
 3. In which city do you live? _____
 4. Type of dwelling? House _ Apt. _ Condo _ Townhouse _ Other _
 5. Do you rent or own? Own _ Rent _ --- If renting, are dogs allowed? _____
 6. What is your occupation? _____
 7. Occupation of your housemate? _____
 8. Who is more the "dog person", you or your housemate? _____
 9. If your present relationship were to change, with whom will the dog remain?

 10. At what age do you feel children are responsible enough to take care of a dog without assistance (i.e., walk, feed, etc.)? _____
 11. Is anyone in your household allergic to dogs? _____
 12. What percentage of time will the dog be in the house? _____ In the yard? _____
 13. Which rooms, if any, are off limits to the dog? _____
 14. Is the dog allowed on the furniture? Yes _ No _
 15. Where will the dog sleep at night? _____
 16. When you go to work, where will the dog be? House _ Yard _ Other _
 17. When you go on vacation, who will care for the dog? House Sitter _ Vet _
Kennel _ Friend's house _ Friend feeds but does not stay _ Other _____
 18. Do you have a doggie door? Yes _ No _
 19. If no to #18 above, will you install a dog door for your new dog? Yes _ No _

20. Is anybody home during the day? Yes _ No _ [If yes, who _____]
21. How many hours will you leave the dog alone during the day? _____
22. Do you have a gardener? Yes _ No _
 Do you have a person who cleans the pool? Yes _ No _
 If yes, where will the dog be while they are working? _____
 Do you trust these workers not to let the dog out? _____
23. Does the meter reader enter your yard when you are not home? Yes _ No _
24. Do you have a housekeeper who enters your home when you are not home?
 Yes _ No _ If yes, how long have you had this housekeeper? _____
25. If you rent, does your landlord have a key to your house? Yes _ No _
 To your gate? Yes _ No _
26. Do you share your yard with other tenants? Yes _ No _
27. Do you have a fenced back yard? Yes _ No _ / Fenced front yard? Yes _ No _
28. What type of fencing do you have? _____
29. If chainlink, wood, or iron, what is at the bottom of the fence?
 Dirt _ Grass _ Cement _ Other _ _____
30. How high is the fence? Highest point _____ Lowest point _____
31. How high is the gate? _____
32. Which of the following is used to secure your gate?
 Latch _ Keylock _ Deadbolt _ Padlock _ Other _ _____
33. During a 24-hour period, when is your gate locked?
 Days only _ Nights only _ Only when I leave the house _ At all times _
 Other _ _____
34. I don't lock my gate because: I live in a safe neighborhood _ My kids or other
 household occupants use it a lot _ I (and/or my housemate) use it a lot _ Meter readers
 or workers must enter _ Other _____
35. If your dog has gotten out, which of the following did you do? Check shelters _ Put up
 signs _ Put ads in newspaper _ Flyers door to door _ Wait, because my dog
 may come back _ Other _____
36. Will you feed your dog canned or dry food? _____
37. What brand of food will you feed your dog? _____
38. Will you feed your dog "people food"? Yes _ No _
 If yes, what kind? _____

39. Who, in your house, will be mostly responsible for feeding the dog? _____
40. How many times per day will you feed the dog? Once _ Twice _ Three times _
41. What do you think is a good way to keep your dog's teeth cleaned? Never really
thought about it _ Do it myself _ It's not necessary _ Feed it dog biscuits _ Have
the vet do it _ Other _____
42. Which of the following will you use for flea control? Flea sprays _ Flea baths _
Flea collars _ Herbal flea collar _ Flea Busters _ Flea comb _ Program or
Advantage _ Other _____
43. Have you ever trained a dog in obedience class? Yes _ No _
44. If yes, what training methods did you use? _____

- Do you still use these training methods? Yes _ No _
45. What method do you use to housebreak your dog? _____

46. In which of the following situations are you able to have your dog off leash?
Park _ Hike _ Beach _ Neighborhood walk _ My front yard _
Other _____
47. What discipline will you use if your dog chews your favorite shoes? _____

48. Which of the following disciplines will you use if your dog just won't listen and is really
naughty? Spank with hand _ Spank fanny with newspaper _ Swat nose _
Stern voice _ Scruffing _ Other _____
49. When will your dog wear a choke chain? Never _ Always _ Only on walk _
50. Do you think it's necessary for your dog to wear an ID tag? Yes _ No _
If yes, what kind? Vet/Rabies _ License _ With phone #, name, address _
51. Which of the following would force you to give up your dog? Move locally _
Move out of state _ Move overseas _
52. What is the name of your veterinarian? _____

53. Under what circumstances will you not keep your dog: Divorce/separation _
 Allergies _ Dog barks a lot _ Dog digs a lot _ Dog nips at strangers _ Dog bites
 kids _ Dog loses control of bladder _ Dog develops chronic illness _ Big vet
 bills _ Dog just untrainable _ Dog is not the kind of dog I thought it would be _
 Having a baby _ Other _____
54. In the past, if you were forced to give up your dog, what did you do? Gave to relative _
 Gave to friend _ Found home through newspaper _ Gave to adoption group _ Gave to
 animal shelter _ Other _____
55. Please describe your animal history below. List the animal, length of ownership, if you still
 have the animal or if you no longer have the animal, what happened, i.e., died, lost, stolen,
 sold, etc.

<u>Animal</u> (list breed if known)	<u>Male/Female</u>	<u>Sterilized?</u>	<u>How long owned?</u>	<u>What happened?</u>

56. Is there anything else you would like us to know? _____

THANK YOU FOR YOUR INTEREST.
PLEASE BE ADVISED THAT FILLING OUT THIS APPLICATION
IS NOT A GUARANTEE OF ADOPTION.