



DOG ADOPTION APPLICATION

Applicant Name: _____

Phone: _____ Email: _____

Interested in (Dog's Name):					
Sex:	<input type="checkbox"/> Male	Age:	<input type="checkbox"/> Puppy	<input type="checkbox"/> Adult	Energy Level:
	<input type="checkbox"/> Female		<input type="checkbox"/> Juvenile	<input type="checkbox"/> Senior	<input type="checkbox"/> Couch Potato
			<input type="checkbox"/> Playtime & walk		
			<input type="checkbox"/> Just Playtime		
			<input type="checkbox"/> Running Partner!		

Are you over the age of 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live in a(n):	<input type="checkbox"/> House	<input type="checkbox"/> Apartment
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Condo
Do you rent, lease or own your own home?*	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
	<input type="checkbox"/> Lease	<input type="checkbox"/> Other

*If you don't own your home you must provide Landlord information below

How many hours will the dog be left alone daily?	<input type="checkbox"/> 0-2 hrs	<input type="checkbox"/> 6-9 hrs
	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 10+ hrs
When you're not home, where will the dog stay?	<input type="checkbox"/> Roaming Indoors	<input type="checkbox"/> Crated, Indoors
	<input type="checkbox"/> Strictly Outside	<input type="checkbox"/> Other
Do you have a fenced yard?	<input type="checkbox"/> Yes, 6 ft or above	<input type="checkbox"/> Invisible Fence
	<input type="checkbox"/> Yes, 3-6 ft	<input type="checkbox"/> No

Landlord Name: _____

Landlord Phone: _____

# of Adults		# of Young Children	
# of Dogs		# of Cats	

*If you currently own dogs you must provide Veterinarian information below

Veterinarian's Name: _____

Veterinarian's Phone: _____

Are your dogs spayed or neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your dogs up to date on vaccinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are your dogs on HW preventatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission to contact my veterinarian	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments or Questions?