



# DOG ADOPTION APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*To ensure this pet adoption is in the best interest of you and the animal you select, please answer the following.*

### How many people in your household?

Adults over 21 (including self): \_\_\_\_\_ Ages: \_\_\_\_\_ Children (under 21): \_\_\_\_\_ Ages: \_\_\_\_\_

Who will be the primary owner of this dog? \_\_\_\_\_

Is anyone in your household allergic to dogs? YES NO

### Please list all of your pets, past and present – starting with most recent. (use back if needed)

Dog/Cat	Breed	Age	M/F	Altered?	How long owned?	Still own?	If no, why?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Have you ever had to give up or re-home an animal? YES NO

Do you live in: HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME

Do you: OWN RENT LEASE How long have you been at this address? \_\_\_\_\_

If renting/leasing, are there pet restrictions? YES NO If yes, what are they? \_\_\_\_\_

Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many hours during the average day will this dog spend without a human? \_\_\_\_\_

Do you have a fenced yard? YES NO If no, how will you manage this dog outdoors? \_\_\_\_\_

Where will this dog be when someone is home? \_\_\_\_\_

Where will this dog be when alone? \_\_\_\_\_ Where will this dog sleep at night? \_\_\_\_\_

What would cause you to return or re-home this dog? \_\_\_\_\_

Are you planning any major changes in the next 6 months (new roommate/spouse/baby, moving, new career, etc.)? \_\_\_\_\_

Do you have a regular Veterinarian? YES NO Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I certify that I am at least 21 years of age and that the above is true and complete. False information may nullify an adoption. I understand that this is only an application and not entitlement to adoption from Homeward Pet Adoption Center. I release Homeward Pet from any and all liability if injured while on the premises.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Discussion Questions ~ For Staff Use

Reviewed by: _____ Date: _____
Comments: _____
_____
_____
_____
_____

### Training Plans?

Class       On own       None       Other: \_\_\_\_\_

Exercise plans? \_\_\_\_\_

### Dog Behavior discussion items:

- Barking       Chewing/Destroying Furniture       House Soiling       Separation Anxiety
- Rough Play       Shynes       Dog-to-cat introductions       Dog-to-dog introductions
- Transition to New Home       Major Medical Issues       Biting       Aggression

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Pending Reasons:

*Needed*

*Completed*

Visit with \_\_\_\_\_

Landlord Approval

Surgery/Medical