

Dog's Name: _____
Breed: _____
Color: _____
Age _____ Sex: _____
Foster Name: _____

Dog Adoption Application

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Spouse/Roomate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____

Occupation: _____ Spouse's Occupation: _____

Employer: _____ Spouse's Employer: _____

PERSONAL REFERENCES

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

1. Do you live in a: House__ Condo__ Apartment__ Mobile Home__ Military__ Other_____
2. How long have you lived there? _____ Years _____ Months
 If less than 2 years, please give previous address_____
3. Do you? **Rent Own**
4. If yes do you have your landlord's permission to have a dog/cat? **Yes No**
5. May we contact your landlord? **Yes No** Name: _____ Phone: _____
6. Do you have a veterinarian? **Yes No** Name: _____
7. Are you willing to provide adequate medical care if this dog should become sick/injured? **Yes No**
8. Healthy dogs require annual vaccinations and routine medical care. What would you estimate the cost to be per year? _____
9. Dogs can live longer than 15 years and their care may amount to over \$400.00 per year. Are you prepared to accept this kind of responsibility for his/her entire life? **Yes No**
10. Would you object to an inspection of your home by an ARRF representative? **Yes No**
11. Do you plan to license this dog? **Yes No**
12. Are you willing to attend obedience classes? **Yes No**
13. Have you enquired about classes? **Yes No** Where? _____
14. How many hours a day will this dog be left alone? _____
15. Where will he/she be kept during this time? _____

OVER----->>>>>>>>

16. What kind of outdoor shelter is available for this dog?

17. Is anyone in the household allergic to animals? **Yes No** If yes, are they on medication to control the allergies? **Yes No**

18. Have you ever owned a cat or dog before? **Yes No** If yes, what happened to them? (If deceased please state cause of death and how long ago) _____

19. Do you currently own any animals? **Yes No** Number of Dogs _____ Number of Cats _____

20. Have they all been spayed/neutered? **Yes No**

21. Are your other dogs licensed? **Yes No**

22. When were they last vaccinated? _____

23. Do you have a swimming pool? **Yes No** If yes, how is it fenced/covered? _____

24. Do you have a fenced yard? **Yes No** If yes, how high is the fence? _____ Feet

What type? _____

25. Do you have children at home? **Yes No** If yes, what are their ages? _____

26. On the first night home where will the dog sleep? (**Please be specific**) _____

27. Who will be responsible for feeding, grooming and training your new pet? _____

28. Dogs left alone frequently dig, chew and bark. How do you plan to deal with these potential problems?

29. How soon after the dog arrives home will it be left alone? _____

30. How often do you travel? _____

31. How do you plan to provide for the dog when you are out of town? _____

32. What will happen to the dog if you move? Locally? _____

Out of state? _____ Over seas? _____

33. Under what circumstances would you not keep this dog? Divorce____ Move____ New Baby____ New Job____

Illness____ Training issues____ Other _____

34. Why do you want a dog? _____

35. If applicable, why do you want a puppy? _____

36. Why have you chosen this dog? _____

37. How did you learn about this dog? Union Tribune____ NCT____ 800-Save-a-Pet.org____ Petfinder.com____

Radio____ TV____ ARRF.cc ____ Adoption Event____ Other _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION.

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT ENSURE THAT I WILL BE SELECTED TO ADOPT THIS DOG.

Signature: _____

Date: _____