



Adoption Application

Pet(s) you are applying for

Filling out this application does not guarantee that the dog you choose will be available to you. We carefully review each application and place dogs based on a variety of criteria. Ultimately, we will always act in the best interest of the dog.

First Name _____

Last Name _____

Spouse/Partner/Roommate Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____

Email Address _____

How old are you? _____

Occupation/Place of Work? _____

How many adults 21 and over live in your home? _____

What are their names and relation to you? _____

How many individuals under the age of 21 live with you? _____

What are their names and ages? _____

Do all the members of your household want to adopt a dog? _____

Does any member of your household suffer from allergies to animals? _____

If so, please explain in detail. _____

Who will be the main caregiver for the dog? _____

How many hours per day will the dog be home alone? _____

Where will the dog be kept when you are not at home? (ex. crate, pup pen, outside kennel, loose indoor or outside) _____

Please describe the dog's living situation (ex. house pet, live in basement/garage, guard dog, live outdoors, etc) _____

How will you exercise the dog? (i.e. Leash walks every day, cable or pup run in the yard, free to run in fenced yard, supervised access to unfenced yard, free to roam around off leash and unsupervised in unfenced area, dog park) _____

How will the dog be cared for during overnight absences or while on vacation?

What is your housing situation? (own, rent, live with parents, etc.) _____

If you rent, have you received the landlord's approval to have a dog? _____

If you are renting, please provide Landlord's name and phone number for verification: _____

If your landlord allows dogs, is there a breed restriction? _____

If yes, please list breeds not allowed _____

Have you checked to make sure your home owner's insurance allows you to own a type of dog you are looking to adopt (We will need to see proof that it will be allowed before we can finalize any adoption) _____

What is the yard size? (small, medium, large)

Is your yard fenced? _____

What type of fence? _____

What is the height of the fence? _____

Do you have other pets? _____

If so, provide the following information for each pet:

Name, Breed, Gender, Age, Spayed/Neutered, Shots up-to-date?

Are you familiar with heartworm disease and, if so, how would you prevent it?

If you had other pets in the past, please let us know their current whereabouts and provide details (i.e. still have, died of old age/disease, hit by a car, given away, disappeared/lost, turned into shelter, etc):

List the types of behavior problems you consider NOT to be acceptable _____

How would you discipline the dog? _____

What will you do if the dog gets into and ruins something you value? _____

Have you ever obedience-trained a dog before? _____

Are you willing to take a dog for obedience class? _____ If no, please explain _____

Are you willing to house train a dog? _____

Have you ever given up a pet? _____ If yes, please explain _____

What circumstances, in your opinion, justify re-homing an animal? _____

What would you do if you could not keep the dog? Please be specific: _____

At what point would you consider humane euthanasia, should your dog become ill? _____

Have you or anyone in your home been convicted of a crime? _____ If yes, who and what for? _____

Have you ever had a complaint with Animal Control? _____ If yes, please explain _____

Please supply the name and phone number of your current veterinarian, or the one who saw your previous pet(s). If you have never had a pet, please provide the name of your employer, clergyman, or anyone not related to you who can attest to your character. Vet references are preferred. _____

Please call your vet giving permission to release information to K9 Orphans Inc. Failure to do so can result in a delay in the processing of your application.

List at least two additional references who are not related to you and are not affiliated with K9 Orphans, and their phone numbers _____

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

Remember that pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter, training, and exercise for your pet?! _____

Signature: _____

Date: _____

By typing your name you agree that all information provided on this form is correct to the best of your knowledge.