

ADOPTION APPLICATION



THE FARM DOG RESCUE ADOPTION APPLICATION

Completion of this application does not guarantee adoption of an animal. Please print legibly and complete all pages. Thank you!

Name of applicant: _____ Date: _____

Name of animal you would like to adopt: _____

Describe in detail the animal you are applying to adopt: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Age: _____

Occupation: _____

Will this be your first dog? Yes: _____ No: _____

What kind of pets have you had in the past? _____

Which of these do you still have? (Include age, sex and breed.) _____

Have they been spayed or neutered? Yes: _____ No: _____ Don't know: _____

Are they current on vaccinations? Yes: _____ No: _____ Don't know: _____

What happened to the pets you no longer have? _____

Have you ever turned your dog in to a shelter? Yes: _____ No: _____

If yes, please explain: _____

Have you ever had a pet euthanized? Yes: _____ No: _____

If yes, please explain: _____

If you have pets, will they (or he/she) adjust to a new dog in the house? (Please explain.)

Was your last dog obedience-trained? Yes: _____ No: _____ Doesn't apply: _____

Why do you want this dog? Companion: _____ Companion for another pet: _____

House pet: _____ Watch dog: _____ Guard dog: _____ Hunting: _____

How many adults are in your family? _____

Occupation of those living in your household (spouse/boyfriend/girlfriend):

How many children? _____ Children's ages? _____

Is everyone in your household ready to adopt a new family member? Yes: _____ No: _____

Does any member of your household have an allergy to dogs? Yes: _____ No: _____

Is someone home during the day? Yes: _____ No: _____ If yes, who? _____

How many hours each day will the dog be without human companionship? _____

Where do you live? House: _____ Apartment: _____ Condo: _____

Mobile home: _____ Other: _____ If other, explain: _____

Do you own or rent your home? Own: _____ Rent: _____

If you rent, may we contact the owner to obtain permission for this dog to live in your home? Yes: _____ No: _____

Owner's name and phone number: _____

Does anyone smoke in the house? Yes: _____ No: _____

Do you have a completely fenced yard? Yes: _____ No: _____

What kind of fence? _____ Height of the fence: _____

Do you have a dog door? Yes: _____ No: _____

Are there times when the dog will be tied up? Yes: _____ No: _____

Will the dog spend any time in the garage? Yes: _____ No: _____

Do you have a pool? Yes: _____ No: _____

If your new dog/puppy is not housebroken, what method will you use to train him/her?

Will you keep the dog up-to-date on vaccinations? Yes: _____ No: _____

Who is your veterinarian? _____ Phone: _____

Address: _____ City/State/Zip: _____

Are you able and willing to exercise the dog on a regular basis? Yes: _____ No: _____

Method: _____

Where will the dog be kept during the day? _____

Where will the dog be kept during the night? _____

If you drive a pickup truck, would you allow the dog to ride in the back? Yes: ___ No: ___

If you go away for a few days, or on a vacation, who will take care of the dog? _____

If you move, will you take the dog with you? Yes: _____ No: _____

How much are you willing to spend on medical bills for your dog?

Up to \$100 _____ Up to \$500 _____ Up to \$1,000 _____ Up to \$5,000 _____

Whatever it takes _____

What would you do if the vet bills went over this amount?

Signature of Applicant: _____ Date: _____

Adoption Coordinator: _____