

I AM INTERESTED IN ADOPTING:

1st choice: _____ 2nd choice: _____

PERSONAL DATA

Name(s) of all Applicant(s) _____

Address: _____ City: _____
County: _____ State: _____ Zip Code: _____

Phone: H) _____ W) _____
C) _____

Email address: _____

Are you 18 years of age or older?

Applicant's employer: _____
Working Hours: _____

Co applicant's employer: _____
Working Hours: _____

Number of persons in household: _____
Ages of Children: _____

Please provide two unrelated references (neighbors, friends, or co workers) that we may contact:

Name: _____
Phone: _____

Name: _____
Phone: _____

Are you aware that there is an adoption fee of \$65 for the puppy you are considering? ___YES ___NO

Are all adults in your household aware that you are considering adopting a pet? ___YES ___NO

Who will be the primary caregiver for your new pet? ___YES ___NO

PET HISTORY

Please list all pets for which you, as an adult, have or have had responsibility (within the last 10 years):

| Type/ Breed | Name of Pet | Sex | Age | Spayed/ Neutered | Vaccinations/ Rabies& HW preventatives | How long in your care? | Kept Inside or Outside? | Where is the pet now? |
|-------------|-------------|-----|-----|--|--|------------------------|-------------------------|-----------------------|
| | | ▼ | # | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | ▼ | # | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | ▼ | # | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | ▼ | # | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Did any of your animals get Killed by moving vehicles? ___YES ___NO

Did any of your animals get Given away? _____

Why and Where? _____

Did any of your animals get Lost/Stolen? _____

Did any of your animals get Turned in to a shelter or rescue group while under your care? _____

Who is the Veterinarian you use?

Name _____ Address _____

Phone Number: _____

HOUSEHOLD INFORMATION

Do you live in a House, Condo/Townhouse, Mobile Home, Apartment?

Do you own or rent your home? Own Rent

If you rent, are pets permitted? Yes No

If you rent, please provide a copy of your lease with a pet clause. Please provide contact information.

Landlord or rental agent: _____

Phone: _____

How long have you lived at your present address? _____

Are you planning to move within the next 6 months? Yes No

If yes, when? _____

What will you do with your pet when/if you move? _____

Will your pet be kept indoors or outdoors? Indoors Outdoors

Do you have a fenced yard? _____

Outside dog pen or kennel? _____

Describe:

If fenced, what type of fence and how large is the fenced I area

Where will your pet spend most of his/her time when you are home?

How many hours will your pet be alone during the day? _____

Where will you keep your pet when you are not home during the day?

Where will you keep your pet when you travel? _____

Where will your pet sleep at night? _____

What have you fed your prior dogs or will feed your new dog?

PREPARING FOR YOUR NEW DOG OR PUPPY

What have you done to prepare yourself and your family for the addition of a new pet? _____

Does anyone in your household have allergies to dander / hair / saliva?

____ Yes ____ No

If allergies exist/develop, are you willing to take actions to be able to keep the dog?

____ Yes ____ No

Are you planning to attend obedience classes with your dog/puppy?

____ Yes ____ No

What do you consider to be normal dog/puppy behavior problems? _____

How long do you feel it will take for a dog/puppy to acclimate to a new household? _____

How will you introduce your new dog to your existing pet(s)? _____

How will you exercise the dog/puppy? _____

How will you housebreak the dog/puppy? _____

How will you correct the dog/puppy when there is a potty accident? _____

How will you encourage appropriate behavior and prevent inappropriate behavior? _____

Are you willing to make a lifetime commitment to this dog? ____Yes ____No

Will you give heartworm tablets/flea and tick preventative every month all year around? ____Yes ____No

Will you provide all required vaccinations and medical care? ____Yes
____No

How much do you think it costs, per year, to own a dog? \$ _____

Are you willing to spend the money necessary updating shots on time, spay/neutering and emergency care for your pet? ____Yes ____No

Which of the following would force you to give up your pet? (check all that may apply)

Divorce/Separation ____ Move out of State ____ Move where pets aren't allowed

____ Dog barks a lot ____ Big vet bills ____ Marry someone with allergies ____

Having a baby ____ Pet is untrainable ____

Pet is not the kind of pet I thought it would be ____

Pet loses control of bladder ____ Neighbors complain ____

Doesn't get along with other pet ____

Pet develops chronic illness ____ Other _____

Nothing here applies _____

What plans do you have for your pet if you become ill or die?

Any other information you feel we should know in considering your application:-

To the best of your knowledge, has any member of your household ever been convicted of an animal welfare law violation such as neglect, cruelty, abandonment, etc.? Yes No

By signing this application, I acknowledge that I have answered all questions truthfully. Failure to provide truthful answers can result in the rejection of my application or the forfeiture of this adopted pet to Michelle Horn.

If I have not received a telephone call within a week from the date of this application, I understand that my application has been declined or the dog that I have requested has been placed.

Signature _____ Date _____

