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## Dog Adoption Application

Date: \_\_\_\_\_  
 Dog's Name (if specific dog is requested): \_\_\_\_\_  
 Primary Breed you would like: \_\_\_\_\_ Secondary Breed: \_\_\_\_\_

**PLEASE CIRCLE THE ANSWERS TO THE TYPE OF DOG YOU ARE LOOKING FOR:**

**Age:** Young (Puppy-11 months)      Adult (11 months-7 years)      Senior (Over 8 years)  
**Size:** Small (Under 30 pounds)      Medium (30-50 pounds)      Large (50 pounds and up)  
**Sex:** Male    Female    Doesn't Matter  
**Is the dog a:** Companion for you      Companion for another dog      Companion for children  
**I want my dog to be:** Family Dog    Guard Dog    Hunting Dog    Playful Dog    Laid Back Dog    Trained Dog  
 Dog with Special Needs    Agility/Flyball Dog    Active/Outdoor Companion    Overall Companion  
**My daily activity level (circle a # with 1 being low activity and 5 being high):** 1 2 3 4 5

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**PLEASE NOTE: we are unable to consider incomplete applications.**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Name(s) of Other People who live in the home: \_\_\_\_\_

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- 1) Are you over 21 years of age? ( Yes / No )
  - 2) Are you a first time dog owner? ( Yes / No )
  - 3) Where do you live? (*circle one*) House Apartment/Condo Mobile Home Dorm Other: \_\_\_\_\_  
 Do you: (*circle one*) Own or Rent \* If you rent, we may contact your landlord to verify pet policy  
 \* Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \* Name of Mobile Home Park Manager: \_\_\_\_\_ Phone: \_\_\_\_\_
  - 4) List the ages of children/grandchildren that live in or regularly visit your home: \_\_\_\_\_
  - 5) List the dogs that regularly visit your home: \_\_\_\_\_
  - 6) How many hours a day would the dog be left alone? \_\_\_\_\_

**94 Silk Farm Rd. Concord, NH 03301  
 (603) 856-8756 ext. 227  
 adoptions@popememorialsPCA.org**

- 7) Where will the dog be kept while you are not home? \_\_\_\_\_
- 8) Do you have a fenced yard? (Yes/No) How big is the yard/high is the fence? \_\_\_\_\_
- 9) Which veterinary practice holds your pets' vaccine records? (all pets must be up to date on rabies prior to adoption)

10) May we contact you vet? Y N Phone number: \_\_\_\_\_

11) Is this pet for you or a family member? Please explain: \_\_\_\_\_

12) List current and previous pets:

Animal Name	Species/Breed	Sex	Spayed/ Neutered?	How old is the pet?	Where is the pet now?	Up to date on Rabies?

13) We'll explain medical history and behavioral history of any of our animals prior to adoption. Check any additional topics you'd like to discuss:

- |   |   |
|---|---|
| <input type="checkbox"/> Feeding this pet         | <input type="checkbox"/> Microchips/ID                      |
| <input type="checkbox"/> Housing this pet         | <input type="checkbox"/> Grooming/nail trim                 |
| <input type="checkbox"/> House training           | <input type="checkbox"/> Moving with pets                   |
| <input type="checkbox"/> Puppy proofing your home | <input type="checkbox"/> Finding a veterinarian             |
| <input type="checkbox"/> Flea/tick prevention     | <input type="checkbox"/> Exercise, toys and fun             |
| <input type="checkbox"/> Heartworm prevention     | <input type="checkbox"/> Introducing this pet to other pets |

*The information I have provided is accurate and true to the best of my knowledge. It is my understanding that any false information could result in denial of my adoption application. If I am approved for adoption and at any point the above information is determined to be false I understand that I may be required to release ownership of the animal back to the Pope Memorial SPCA. If for any reason I am unable to keep the pet I agree to return the pet to the Pope Memorial SPCA. Thank you for choosing to adopt!*

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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