



Staff Use
___ vet check
___ child intro
___ landlord check
___ app complete
___ staff initials

Dog Adoption Application

Date: _____

Please note that applications stay on file for only 3 months, resubmit if we haven't found you a match within that time.

Dog's Name (if specific dog is requested): _____

Primary Breed you would like: _____ Secondary Breed: _____

Any breed restrictions: _____

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

Color preference: _____

Is the dog a: Companion for you Companion for another dog Companion for children

I want my dog to be: Family Dog Hunting Dog Playful Dog Laid Back Dog Trained Dog

Dog with Special Needs Active/Outdoor Companion Overall Companion

Dogs ideal energy level (circle a # with 1 being low activity and 5 being high): 1 2 3 4 5

I want dog to enjoy: weekly hikes neighborhood walks car rides running/biking

 Canine sports Therapy/ESA Hanging out in yard Cuddling Couch Potato

PLEASE NOTE: we are unable to consider incomplete applications.

Applicant's Name: _____

Address: _____ Apt#: _____ Email: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone _____

Most convenient form of communication: ___ Email ___ Cell Phone Other: _____

Name(s) of Other People who live in the home: _____

- Are you over 21 years of age? (Yes / No)
- Is this your first personal dog? (Yes / No)
- Where do you live? (circle one) House Apartment/Condo Mobile Home Dorm Other: _____
Do you: (circle one) Own or Rent * If you rent, we will contact your landlord to verify pet policy
 * Name of Landlord: _____ Phone: _____
 * Name of Mobile Home Park Manager: _____ Phone: _____
Explain your neighborhood: _____
- List the ages of children/grandchildren that live in or regularly visit your home: _____
If there are resident children, is this their first dog? _____
- List the dogs that regularly visit your home, and their energy level: _____
- How many hours a day would the dog be left alone? _____
- Where will the dog be kept while you are not home? _____
Are you open to crate training? _____

- 8) Do you have a fenced yard? (Yes/No) Type/height of fence? _____
 Explain yard: _____
- 9) What will dogs' main outlet for exercise be?

- 10) What is your plan for addressing training needs: _____

- Are you open to formal obedience classes? _____ Yes _____ No
- 11) Do you have experience managing more challenging behaviors?

- 12) Which veterinary practice holds your pets' vaccine records? (all pets must be up to date on rabies prior to meeting with our animals and adoption) _____
- 13) May we contact your vet? Y N Phone number: _____
- 14) Is this pet for you or a family member? Please explain: _____

List current and previous pets that you have been responsible for:

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

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 pet |

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