



Pre Adoption application
Dog

Name: _____ Address: _____

State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

Dog interested in: _____

What do you know about this breed: _____

How long have you been looking for a dog: _____

Have you researched this breed: _____

Occupation: _____

Hours away for work: _____

Number of days work per week: _____

Age: under 21 _____
21-30 _____
31-40 _____
41-50 _____
51-60 _____
Over 60 _____

Do you own or rent your home: _____

What type of home do you live in:

- Apartment
- Condo
- Trailer home
- House

If you rent do you have written permission to have a dog:_____

Do you have a fenced yard:_____

What type of fence: wood chain link vinyl

How high is the fence:_____

Number of people living in your home and ages:_____

Anyone have any allergies to dogs:_____

Are all family members in agreement to adopt a dog:_____

If you share your home with someone and unexpectedly split up, who would care for the dog:_____

How much do you think it costs to own a dog for a year:_____

Do you have any dogs currently:_____

If so how many and ages:_____

Are they current on vaccinations:_____

Are they spayed and or neutered:_____

What type of dog food do you feed them:_____

Have you ever had to give a dog away? If so why:_____

Have you adopted a pet before:_____

If so from where:_____

Where would you put the dog when the family members have to leave:_____

Where will the dog sleep: _____

How will the dog be exercised: _____

How often will the dog be exercised: _____

Do you plan to take the dog to obedience training: _____

What type of issues do you expect the new dog to have at your home:

- Chewing on furniture
- Barking
- Digging
- Chasing other animals
- Eating plants
- Urinating or defecating in house
- Other
- None

If you have issues with a new dog in your home are you willing to work on these issues: _____

What would make you give up a pet: _____

Are you willing to allow an Adopt-A-Pet representative do a home visit to see where the animal will live: _____

Would you allow us to contact your current veterinarian: Yes No

Name of Vet: _____

Address of Vet: _____

Phone of Vet: _____

If requested do you have references we could check: _____

Signature _____

Date: _____