

Adoption Application

PLEASE LIST THE D	OG(S) YOU ARE IN	TERESTED	IN ADOPTIN	VG:		
NIAME.					DATE.	
ADDRESS:						
CITY:				STATE	E: 7	ZIP:
HOW LONG HAVE Y	OU LIVED AT THI	S ADDRESS	S?			
WHAT TYPE OF HO	USING? □APT/CO	NDO DH	IOUSE 🗆	OTHER I	DO YOU RENT OR OW	VN?
IF YOU REN	NT: LANDLORD'S	NAME:			PHON	E:
	(L_{ℓ})	ANDLORD'S	S PERMISSIC	ON MAY BE I	REQUIRED IN WRITING	G)
PHONE (CELL):			PHO	NE (WORK):	
EMAIL ADDRESS: _						
DATE OF BIRTH:		(OCCUPATIO	N:		
DRIVERS LICENSE #	‡			ST.	ATE ISSUED:	
PLEASE LIST ALL MEMBERS LIVING NAME		AT THE ADDRESS (ADU- DATE OF BIRTH		JLTS AND CHILDREN). IF OVER AGE 21, PROVIDE DL# AND STATE ISSUED		
LIST ALL CURREN	NT ANIMALS AN	D ANIMAI SEX		VE HAD I	N THE LAST 10 YEAR CURRENT ON	ARS. DO YOU STILL OWN?
1111112	DICE	SEA		WHY?	VACCINATIONS?	IF NOT, WHY?
VETERINARIAN:					PHONE:	
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ARE YOU WILLING TO CRATE T	RAIN THE DOG?	
IS YOUR YARD COMPLETELY F	ENCED? PRIVACY OR CHAIN? _	HEIGHT:
WHAT PERCENTAGE OF TIME W	VILL THEY SPEND INSIDE?	OUTSIDE?
WHEN THEY ARE OUTDOORS, F	HOW WILL THEY BE KEPT (FENCE, KENNEL, I	ETC.)?
IN GENERAL, HOW MANY HOUI	RS WILL THEY BE LEFT ALONE DURING THE	DAY (AT WORK, ERRANDS)?
WHERE WILL THIS PET BE KEPT	T WHILE YOU ARE AWAY FROM HOME (CRA	TE, YARD, ETC.)?
WHO WILL BE FINACIALLY RES	SPONSIBLE FOR ADEQUATE MEDICAL CARE	FOR THIS PET?
HAVE YOU EVER SURRENDERE	D A PET OR HAD A PET EUTHANIZED? IF SO	, PLEASE EXPLAIN.
PLEASE PROVIDE TWO PERSON	AL REFERENCES.	
NAME:	RELATION:	PHONE:
NAME:	RELATION:	PHONE:
	FOR OFFICE USE ONLY:	
	☐ APPROVED	
	L MI ROVED	
	□ DENIED	
	INITIALS:	
	DATE:	
	COMMENTS:	