**ADOPTION APPLICATION - CANINE**

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| **Applicant Information** |
| Name: DOB: | Driver’s License#: |
| Street Address/Apt #: |
| City/ State/Zip: | Years at this address: |
| Home Phone: | Cell Phone: |
| Do you own your home? Y / N Rent? Y / N Military housing? Y / N Other: |
| Employer/Position: |
| Email: *(please write legibly)* |
| **Questionnaire** |
| Does anyone in your household suffer from allergies (adopting or otherwise)? |
| Is everyone in your household aware of and agreed upon adopting a dog? |
| Do you own or rent your home? |
| If you rent, do you have your landlord’s written permission to keep a adopting(s)(s) in your residence? How many? Please give name and phone number of landlord / copy of the lease. |
| Do you have a dog or cat door that lives outside? Y / N  |
| What is the activity level in your home? Low, Medium, High |
| How many adults live in your household? |
| How many children? What are their ages? |
| Current number of pets in the household? |
| **What are You Looking for in a Dog?** |
| Have you ever adopted animals for any shelter or humane group? If yes, what did you adopt and from whom? |
| Gender: Male Female No preference |
| Age: Puppy Adult Senior No preference |
| Coat: Short Medium No preference |
| Housing: Outdoor only Indoor/Outdoor |
| If your dog will spend some time outside, do you have adequate shelter in case of inclement weather? Y N |
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| **Adopt Interest** |
| What are you interested in adopting? Circle all that apply. |
| * Pregnant mom
* Mom with puppies
* Adult
 | * Special Needs – Medical
* Special needs – timid/needs socialization
* Other (please specify):
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| **Feeding, Medicating and Housing** |
| How many hours per day will your dog be left alone? |
| What will you do with the dog when you’re at work? |
| Who will care for your dog while you’re traveling? |
| Who will be responsible for feeding the dog while you’re at work / traveling? |
| Where will your dog live? Free house access Outdoors Free access to outdoors Other |
| Do you plan to kennel the dog? Y N If yes, how many hours per day with the dog be kenneled? |
| What will you do if the dog doesn’t get along with your current pet(s)?Are you willing to enroll your dog into training? |
| Are you able to incur the expense of a dog to include annual shots, emergency care, food? Y N |
| What behaviors would cause you to give up the dog?* Illness
* Chewing / destructiveness
* Barking
* Growling
* Biting
* Too active
* Incompatibility with other pets
* Too old
* Other (please specify)
* N/A
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| What changes in your home would cause you to give up the dog?* Allergies
* Loss of job
* Illness
* Relocation
* Pregnancy / new baby
* Family member becomes ill
* N/A
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| **Prior/Current Animal History** |
| Please list the animals that have shared your home in the last five years. |
| Name | Breed | Sex/Age | In/Outdoor | Declawed | Still Own | If not, why? |
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| Veterinary contact for animals listed above: Name/Phone: |
| Do we have your permission to contact your vet for a reference? Y N |
| Have you ever surrendered an animal to a shelter or rescue group? If so, why? |
| **References** |
| Please provide the name, relationship, email and phone number for at least 2 references, not including relatives. |
| 1. |
| 2. |
| 3. |
| **Disclosure** |
| Have you ever been cited or convicted of a crime relating to animal cruelty, or do you have a charge pending? If yes, you will not be able to adopt for this organization. |

**NOTE**

Advocates for Abused and Abandoned (A3) is a non-profit organization serving multiple counties with in-home adoptable pets. When you adopt, you must keep your pet safe, healthy and socialized. A3P is not responsible for medical or health expenses after adoption. All adoptable pets are spayed/neutered, micro-chipped, and up-to-date on required vaccines. Adopting implies you will keep your pet for its lifetime. If you are unable to do so, you must contact A3P immediately to return him/her. There are no refunds for returned pets.

By signing your name below, you are stating that you understand all adoption responsibilities.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_