

Dog and Puppy Adoption Application



Dog's Name: _____ Date: _____

How did you hear about us?

- adopted here before referred by another shelter family/friend website
 newspaper radio television other _____

If you have adopted from us before, when? _____

Your Name (please print): _____ Driver's License #: _____

Street Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____ Alternate/Work #: _____

Employer: _____

Spouse or Roommate's Name and Work Telephone: _____

Your email address: _____

What is your living situation?

- house apartment mobile home townhouse
 condo other _____

Do you own or rent? Own Rent Live with parents/guardian

Parent, Guardian or Landlord's name, if applicable: _____

Parent, Guardian or Landlord's telephone number: _____

Where do you live? in the city in the country on a farm

Does everyone in your house know that you are planning to get a pet? Yes No

If no, who does not know? _____

Is everyone in the household agreeable to getting a new pet? Yes No

Please tell us about each of your cats and/or dogs over the last five years, including current pets:

Pet's Name	Type of Pet	Spayed/Neutered?	Current Age	If you no longer own this animal, what happened to it? At what age? When?
_____	__ dog __ cat	Yes No	_____	_____
_____	__ dog __ cat	Yes No	_____	_____
_____	__ dog __ cat	Yes No	_____	_____
_____	__ dog __ cat	Yes No	_____	_____
_____	__ dog __ cat	Yes No	_____	_____

Veterinarian's Name and Location: _____

Who will be the primary caretaker for the dog? _____

Why do you want to adopt a dog?

- family pet gift guard dog child's pet - age of child: _____
 hunting dog other _____

How would you rate your dog experience?

- first time owner beginner intermediate advanced

Are you willing to attend obedience classes at your own expense (prices range from \$80 to \$200)? Yes No

Are there children living in your home? If so, what are their ages: _____

Do children visit your home often? If so, what ages? Yes No ages _____

How many adults reside in the home? _____

Does anyone in the home have allergies to pets? If yes, who, and how do you plan to deal with this? _____

Is anyone in the home afraid of dogs? Yes No

Where will your new pet spend the majority of his/her time?

- inside house inside / outside equally outside only

Where will your new pet be kept during the day?

- loose inside house in a crate inside the house in a fenced in backyard in a kennel
 tied up to a doghouse on a chain other _____

Is your yard fenced? Yes No Partially

Type of fencing? _____ How high? _____

If you have a kennel, please describe (fencing, size, height, shelter, etc) _____

Is anyone at home during the day? When? _____

Is anyone available to come home during the day to let the dog out? Yes No

Where will your new pet be kept during the night? _____

Where will your new pet be kept while you are away from home for an extended period of days? _____

How much do you plan to spend on a pet per year?

- Under \$100 \$100-\$200 \$200-\$400 Whatever it takes

Are you willing to make a lifetime commitment which could be 10-15 years, for your pet, including medical care, grooming, proper diet, shelter, exercise, companionship and love? Yes No

Are you prepared for veterinary expenses, including emergency medical costs, that will be incurred by adopting this dog for its entire life? Y N

What problem(s) would make you give this pet up?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> barking | <input type="checkbox"/> chewing | <input type="checkbox"/> growling at guests | <input type="checkbox"/> new spouse/partner doesn't like |
| <input type="checkbox"/> dog's health problems | <input type="checkbox"/> aggressive with other dogs | <input type="checkbox"/> kids are mean to the dog | <input type="checkbox"/> dog not obedient enough |
| <input type="checkbox"/> moving | <input type="checkbox"/> divorce | <input type="checkbox"/> biting | <input type="checkbox"/> jumping on people |
| <input type="checkbox"/> shedding | <input type="checkbox"/> financial problems | <input type="checkbox"/> separation anxiety | <input type="checkbox"/> aggressive toward cats |
| <input type="checkbox"/> digging | <input type="checkbox"/> poor watchdog | <input type="checkbox"/> family member is allergic to dog | <input type="checkbox"/> new baby |
| <input type="checkbox"/> illness in family | <input type="checkbox"/> new job | <input type="checkbox"/> housetraining issues | <input type="checkbox"/> dog grows too big |

What would you do if you had to give this pet up?

- Give to family or friends Return to Woodford Humane Take it to the nearest shelter Sell it

Are you familiar with the use of a crate to train and/or confine a dog in your absence? Yes No

Would you object to our verifying any of the information you have provided on this application? Yes No

Would you object to our visiting your home prior to adoption or as a followup visit? Yes No

Your ideal dog is (describe) _____

What traits or behaviors would you have a hard time dealing with in a dog?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> drooling | <input type="checkbox"/> odor | <input type="checkbox"/> jumping on people | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> shedding | <input type="checkbox"/> nervous or shy | <input type="checkbox"/> aggression | <input type="checkbox"/> digging |
| <input type="checkbox"/> plays too rough with children | <input type="checkbox"/> dominance | <input type="checkbox"/> escaping | <input type="checkbox"/> not good with other pets |
| <input type="checkbox"/> biting | <input type="checkbox"/> submissive | <input type="checkbox"/> destructive chewing | <input type="checkbox"/> too energetic |
| <input type="checkbox"/> noisy | <input type="checkbox"/> overly protective | <input type="checkbox"/> hard to housebreak | <input type="checkbox"/> other _____ |

Please check all of the traits or behaviors you like MOST in a dog

- | | | | |
|---------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> independence | <input type="checkbox"/> dependence | <input type="checkbox"/> gentle | <input type="checkbox"/> energetic |
| <input type="checkbox"/> confidence | <input type="checkbox"/> playfulness | <input type="checkbox"/> silliness | <input type="checkbox"/> quiet |
| <input type="checkbox"/> serious | <input type="checkbox"/> protective | <input type="checkbox"/> easygoing | <input type="checkbox"/> other _____ |

Some dogs are lively and curious in the house. They like to play with you and follow you around. Some dogs lie down most of the time. Do you think an active dog would annoy you? _____

What is your preferred level of exercise with the dog (check all that apply)

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> couch potato | <input type="checkbox"/> yard exercise | <input type="checkbox"/> short walks | <input type="checkbox"/> vigorous walks |
| <input type="checkbox"/> hiking and jogging | | | |

My new pet should get along with

- | | | | |
|---------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> dogs | <input type="checkbox"/> cats | <input type="checkbox"/> ferrets | <input type="checkbox"/> birds |
| <input type="checkbox"/> farm animals | <input type="checkbox"/> very young children | <input type="checkbox"/> older children | <input type="checkbox"/> other _____ |

Please describe your dog training experience? _____

What type of discipline will you use when training? _____

Do all household members understand that it takes time for a pet to adjust to a new environment? Yes No

Are you willing to put up with some accidents while the dog adjusts to his or her new home? Yes No

What kind of solutions would you be willing to try if housebreaking accidents continue after the first week?

- | | | | |
|---|---|--|-------------------------------|
| <input type="checkbox"/> paper training | <input type="checkbox"/> crate training | <input type="checkbox"/> use of a dog door | <input type="checkbox"/> none |
|---|---|--|-------------------------------|

The noise level in my home is best described as:

- | | | | |
|------------------------------|---------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> low | <input type="checkbox"/> medium | <input type="checkbox"/> high | <input type="checkbox"/> other _____ |
|------------------------------|---------------------------------|-------------------------------|--------------------------------------|

When it comes to keeping a clean and tidy house, I am:

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> very particular | <input type="checkbox"/> particular | <input type="checkbox"/> easy-going | <input type="checkbox"/> other _____ |
|--|-------------------------------------|-------------------------------------|--------------------------------------|

Will your new pet be allowed on the furniture? Yes No

Have you ever had a serious behavior problem with a previous dog (separation anxiety, biting, etc)? Yes No

If yes, please describe: _____

What did you do to address the problem? _____

In the last six months, has a dog or puppy died on your premises of distemper, parvo or unknown causes? Yes No

What made you decide you want to adopt this particular dog? _____

Please check any areas you would like to discuss with an adoption counselor:

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> feeding your new dog | <input type="checkbox"/> crate training | <input type="checkbox"/> introducing your new dog to other pets | |
| <input type="checkbox"/> housetraining | <input type="checkbox"/> exercising | <input type="checkbox"/> introducing your new dog to children and other family members | |
| <input type="checkbox"/> separation anxiety | <input type="checkbox"/> obedience training | <input type="checkbox"/> chewing | <input type="checkbox"/> other _____ |