



Name:
ID#:
DB:
Records/Letter Sent:
Notes:

AnimalSave Dog Adoption Application

Date of Application: _____

Name: _____ Driver's Lic.# _____
(Please Print)

Street Address: _____ Cell Phone: _____

Mailing Address: _____

City & Zip Code: _____ Home/Work Phone: _____

Email address: _____

Occupation: _____

What do you expect veterinary costs to be yearly for this pet? \$ _____

Check Type of Housing: Own? _____ or Rent? _____ Lease (length) _____
House _____ Condo _____ Apt. _____ Mobile Home _____
Military Housing _____ Other (please specify) _____

How long at present address? _____

Landlords Name: _____ Phone: _____

Do you smoke? Yes _____ No _____ If yes, where do you smoke? Inside _____ Outside _____

Do you have a yard? Yes _____ No _____ Circle one: Open or Fully Enclosed

Type of fence: _____ Height of fence: _____

Do you have a pool? Yes _____ No _____ Covered? Yes _____ No _____

How many adults in household: _____ Children _____ Ages _____ Allergies? _____

Who will be responsible for pet's care? _____

If you move, what will you do with your pets? _____

Have you ever adopted an animal and returned it to a shelter? _____ If so, what were the circumstances?

CURRENT PETS: Please include all pets, including small caged and barnyard animals.

Type of Pet	Sex	Age	Spayed Neutered	Kept In/Out	Years Owned	Shots Current?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PET HISTORY: List pets owned in the past 5 years (other than those listed above).

Type of Pet	Sex	Spayed Neutered	Kept In/Out	Years Owned	Cause of loss or death (and age)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason for wanting Dog: Watchdog ___ Companion ___ Hunter ___ House pet ___

For Children ___ Companion for other animal ___ Gift ___ Other _____

Where will pet be kept during the day? _____ Night _____

How many hours will pet be left alone during the day? _____

If pet will be kept outdoors during the day, describe the available shelter _____

How will you exercise the dog? _____

When do you plan to enroll your dog in obedience training? _____

Do you plan on crate training? Yes ___ No ___

Are you personally and financially willing to work with a trainer? Yes ___ No ___

Do you already have a trainer? If so, please list. If not, which trainers in your area have you looked into?

Proper socialization will influence your dog's entire life & reactions to different stimuli. Socialization involves much more than just meeting or playing with other dogs. Please describe in detail your plans for socializing a puppy. Please list a few things you think are especially important to expose your puppy to, and how you would ensure a positive outcome.

Please Check the following dog behaviors that you have experience working with: *

- Chewing/Destruction
- Digging
- Leash-Pulling
- Barking
- Separation Anxiety
- Jumping on People
- Potty-Training
- Timidness
- Marking
- Shedding
- Car-Sickness
- Human and Dog Allergies
- High-Energy
- Whining
- Mouthiness
- Medical Expenses
- Fear
- Leash-Reactivity
- Protectiveness
- Uncomfortable around dogs
- Uncomfortable around kids
- High Prey Drive
- Resource Guarding
- Food Aggression

Adopting a pet is a lifetime commitment. Do you believe you have adequate income to care for this pet over its lifetime (15 years)? Yes _____ No _____

Would you object to AnimalSave visiting your home? _____

REFERENCES: Please list three.

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name, Address & Phone of Veterinarian: _____

I hereby authorize to be released to AnimalSave all veterinary records of any and all animals I have owned. I certify that all the information in this application is true and I understand that false information may void the application.

Signature _____ Date _____

For AnimalSave staff:

Date landlord contacted: _____

Adoption approved _____ disapproved _____

Limitations or additional requirements?

Date references contacted: _____ By _____

Results:

Application reviewed and approved by: _____ Date _____

Date applicant contacted regarding approval/disapproval: _____ By _____

Date scheduled for adoption: _____

Additional comments/information: