

Dog Adoption Application

Thank you for taking the time to fill out this application. Your information will remain confidential and used only to determine if the dog you are interested in is the right fit for your family.

Name of dog you're interested in adopting: _____

PERSONAL INFORMATION (Please print):

Name: _____ Age: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work/Cell phone: _____

Email: _____

Occupation: _____ Work Schedule: _____

How did you hear about us? _____

HOUSEHOLD INFORMATION:

For best match purposes only...

How many people are in your household?

Adults age 21+ (including self): Males: _____ Ages: _____ Females: _____ Ages: _____

Children: _____ Ages: _____

Does anyone in the household have asthma or allergies to dogs? Yes No

If yes, who? _____

Does anyone in the household have emotional or physical challenges? Yes No

If yes, please describe: _____

Do you live in: HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME

Do you: OWN RENT LEASE How long have you been at this address? _____

If renting/leasing, are there pet restrictions? YES NO If yes, what are they? _____

Landlord's name: _____ Landlord's phone: _____

AHDRNC requires a home check before adopting any dog into his/her new family. If renting, we will contact your landlord to ask if animals are permitted in your home is acceptable. Positive confirmation is required prior to adopting.

Please list all your current pets:

Dog/Cat	Breed	Name	Age	M/F	Altered?	Temperament

Please use back of application if you run out of space. We require that all other animals in your home be up to date on vaccinations. If you have any concerns, please discuss the idea of adopting an animal with your veterinarian.

Is your dog(s) current on Heartworm and flea/tick prevention? Yes No

Who will be the primary caretaker of your dog(s)? _____

Describe your yard:

No yard Unfenced yard Partially fenced yard Completely fenced yard
Height of fence: _____ Made of? Wood Chain link Brick Other _____

AHDRNC dogs and puppies must be supervised at all times when outdoors.

If you don't have a fenced in yard, do you agree to keep your adopted dog on leash at all times outside?
 Yes No

VETERINARIAN INFORMATION:

Veterinarian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone: _____ Office fax: _____

YOUR PERFECT POOCH:

Which best describe the type of personality you're seeking in a dog? Please select all that apply:

ADVENTUROUS INDEPENDENT COMPANIONSHIP PROTECTION CUDDLY
CALM AVERAGE ENERGY HIGH ENERGY/LOW-KEY COUCH POTATO LAP DOG

Is there a specific breed or mixed breed you prefer? YES _____ NO

Desired age range: _____ Desired size range: _____ Desired Sex: _____

Please tell us anything else you would like us to know to help match you up with the right 4-legged family member:

Where will this dog be when someone is home? _____

Where will this dog be when alone? _____ Where will this dog sleep at night? _____

What is the average number of hours the dog would spend alone during the day? _____

Would you crate and for how long? _____

When the dog goes out, how do you plan to supervise him/her? _____

Are all members of your household aware and in agreement with this adoption? YES NO

Have you previously adopted from a rescue or shelter? YES NO If yes, which one? _____

Do you agree to contact AHDRNC if you can no longer keep this dog? YES NO

Do you agree that this dog will never be surrendered to a shelter, sold or transferred from your possession? YES NO

How would you describe your level of experience with dogs? _____

Do you have experience with: small dogs medium dogs large dogs
List experience with specific breeds: _____

What situations do you feel unprepared for?

- | | | |
|---|---|--|
| <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Destructive chewing | <input type="checkbox"/> Not housetrained |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Escaping | <input type="checkbox"/> Resource guarding |
| <input type="checkbox"/> Shy, fearful, or undersocialized | <input type="checkbox"/> Not good with children | <input type="checkbox"/> Not good with other dogs |
| <input type="checkbox"/> Not good with small animals/cats | <input type="checkbox"/> Scratching/biting | <input type="checkbox"/> Administering medications |
| <input type="checkbox"/> Providing on-going training | <input type="checkbox"/> Very high activity level | <input type="checkbox"/> Deaf/Blind dogs |

PERSONAL REFERENCE:

Please list someone who is familiar with both you and your pets: _____

Relationship to you: _____ Phone: _____

By signing below, you are indicating that all information provided on this adoption application is true and accurate to the best of your knowledge. Please understand that the submission of this application does not guarantee acceptance or adoption of a pet. We are committed to finding the best suited home for both our dogs and adopters alike. We'll be in touch soon!

Signature

Date

Return Application to:

Owner Notes:

