

- excessive vet bills/chronic illness having a baby nips or bites children
 new spouse/ partner doesn't like dogs pets aren't getting along
 None of the above
 other: _____

Additional comments about why you would like to adopt this particular dog: _____

Is there anything else you would like to share about with us? _____

and finally.....

Please read and initial each statement below:

_____ I understand that a home visit is required prior to final placement.

_____ I understand that a home visit does not guarantee placement.

_____ I agree to provide my own collar, leash and a personal ID tag at the time of completing the adoption contract.

We reserve the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract.

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YES NO only if I had problems

How would you discipline your dog if he or she misbehaved/ chewed household items? _____

What method do you intend to use to houstrain your dog? (check all that apply)

- Rub nose in offending spot Take out every couple of hours
 Crate training Consult professional
 Other: _____

If your *dog* develops behavioral problems, what will you do? _____

In which of the following situations might you allow your dog off leash?

- public park dog park beach
 hike neighborhood walk
 back yard front yard

Additional information.....

If your dog got out/ was lost, what would you do? _____

What food will you feed the dog? (Specify brand if known)

Dry _____ Canned _____ Other _____

Would you like food recommendations? Yes, please

Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter, and exercise for your new dog? YES NO

Other concerns: _____

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as long as 15 years or more? YES NO

Other concerns: _____

What is your monthly budget for your dog? _____

Who is your veterinarian (name and phone)? _____

If you do not currently have a vet, would you like a referral? Yes, please

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

Which of the following reasons might force you to give up your dog? (Check all that apply):

- excessive barking/ neighbor complaints aggressive on leash destructive chewing
 biting/aggression digging divorce/separation allergies
 shedding/ dirty not trainable poor watchdog moving/relocating
 house-training problems financial problems growling/nipping at guests

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How many dogs have you owned in the past 5 years? _____

What happened to those dogs? _____

Do You currently have pets?: YES: _____ NO: _____ If yes, continue:

TYPE: BREED-----GENDER-----AGE-----SPAYED/NEUTERED: _____ If no, why?

How do you feel your current pets will adjust to a new dog in the house? _____

Have you had experience with behavioral or medical issues with your previous or current pets? If yes, please describe: _____

If there are children in the home, please describe their experience with dogs: _____

ABOUT THIS DOG

Share your reasons for wanting a dog:(check all that apply) Family Pet: ____, Gift For Someone Else: ____.

Protection/Guard Dog: ____, Companion: ____, Child;s Companion: ____, Companion for another pet: ____, Other: _____

How will you exercise your dog? _____

What type of training are you interested in doing with your new dog? _____

Have you/or would you be willing to enroll your current dog(s) in obedience classes? _____

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What rooms are off limits? _____

And your yard.....

I do not have a yard at this time (skip to the next section)

What outside areas are available to the dog? (check all that apply)

- | | |
|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> front yard | <input type="checkbox"/> dog house |
| <input type="checkbox"/> back yard | <input type="checkbox"/> garage |
| <input type="checkbox"/> enclosed patio | <input type="checkbox"/> other: _____ |

Do you have a doggie door? YES NO

Is your yard shared with neighbors? YES NO

Is your yard fenced? YES NO What is the type of fence? _____

Fence height? _____ Highest point _____ Lowest Point

Have you recently inspected your fences? YES NO

Are they in good condition with no holes or loose points? YES NO

If your dog will have free access to a fenced yard, where is it located?

- front yard back yard side yard

Which of the following is used to secure your gate?

- latch padlock
 keyed lock other: _____
 we do not lock our gate for the following reason: _____

If your gate does not have a lock, are you willing to install one? YES NO

Who has access to your yard? (check all that apply)

- | | |
|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Gardner | <input type="checkbox"/> Housekeeper |
| <input type="checkbox"/> Pool man | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Postal worker | <input type="checkbox"/> Other: _____ |

If yes, where is the dog kept while they are working? _____

Do you trust your workers not to let the dog get out? YES NO

Your Experience with Dogs.....

How would you describe your dog owning experience?

- I have had dogs of my own as an adult
 I grew up with dogs or have worked with them but have not had my own as an adult
 I have never had one or have limited experience with dogs
 Other: _____

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Who shares your household?

Spouse/Life Partner

Roommate(s) # _____

Boyfriend/Girlfriend

Other: _____

Are there children in the home? YES NO

If yes, how many? _____ How old? _____

At what age do you feel children are responsible enough to take care of a pet without assistance? (i.e. walk, feed, train) _____

If your present relationship/ living situation were to change and you were no longer able to care for the dog, a new application must be submitted and approved in order to transfer ownership.

Initial: _____

Do you plan to move soon? _____

Does anyone in your household have an allergy to dogs that you are aware of?

YES NO

Is someone home during the day? YES NO Who? _____

How many hours will your dog be alone each day? _____

Where will your dog spend most of his/her day when you are home?

indoors

garage

yard

enclosed patio

indoor/outdoor

other: _____

additional info: _____

Where will the dog stay when he/she is home alone?

indoor/outdoor (doggy- door)

inside only (specify):

run of the house crate specific room(s): _____

outside only (specify):

yard garage enclosed patio other: _____

additional info: _____

When will the dog be inside? _____

When will he/she be outside? _____

Where will the dog sleep at night?

indoor/outdoor (doggy- door)

inside only (specify):

run of the house crate specific room(s): _____

outside only (specify):

yard garage enclosed patio

dog house other: _____

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BEST FRIENDS



SANCTUARY

P.O. Box 1038 • Jamestown, TN 38556

931-879-8169

ADOPTION APPLICATION

Name: _____

Driver's license number: _____

Street address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Employer: _____

How long at current job: _____

Provide two references that are not members of your immediate family:

Personal reference #1: _____ phone: _____

Relationship: _____ years known: _____

Personal reference #2: _____ phone: _____

Relationship: _____ years known: _____

About Your Home....

Do you live in a(n)?:

House

Townhouse

Apartment/ Condo

Other: _____

Your home is:

Owned, by you or your spouse/life partner

Owned, by someone else within the house

Rented directly from the owner or through a management company

Rented as a part of a group of roommates

Other: _____

If renting, is your name on the lease? YES NO _____

If renting, do you have your landlord's permission to have a dog? _____

Landlord's name and phone: _____