



Dog Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing Furever Family Rescue & Rehabilitation to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate boundaries, rules, limitations, love and affection?

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

Have you or Are you willing to take training and rehabilitation sessions for the sake of your dog?

If you have taken classes – What level and type of organization?

Veterinarian

Do you have a regular veterinarian? ___ Yes ___ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing Furever Family Rescue & Rehabilitation with this information you are allowing Furever Family Dog Training to call your vet. Please call your vet and ask them to authorize the release of information to Furever Family Rescue & Rehabilitation.)

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming None of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

When the dog goes out, how do you plan to supervise it? Fenced yard?
Please give details of yard.

Do you agree to contact Furever Family Rescue if you can no longer keep this dog? Yes No

Are you be willing to let a representative of Furever Family Rescue to visit your home by appointment?
 Yes No

How did you hear about Furever Family Dog \Rescue?

Personal References

Please list 3 people who is familiar with both you and your pets.

Signed _____