



VOLUNTEERS FOR ANIMAL PROTECTION (“VAP”) CANINE ADOPTION APPLICATION

Please allow at least one (1) hour for the adoption process to be completed

VAP is pleased that you have decided to apply for adoption of a dog or puppy. Every effort is made to make a suitable match of traits you desire in your new dog or puppy, with the characteristics exhibited by the dog or puppy being considered for adoption. It is our goal to ensure the welfare and happiness of the dog or puppy being considered for adoption into your family.

PLEASE COMPLETE THE FOLLOWING:

Date: _____

First Name: _____ Last Name: _____ Age: _____

Spouses Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Employer: _____ Occupation: _____

Spouses Employer: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

How did you hear about VAP? _____ Adopted previously from VAP _____ Family member _____ Friend

_____ Newspaper _____ Walked into PetSmart _____ Other: _____

Number of adults living in household: _____ Number of children: _____ Ages of children: _____

Does anyone have allergies? Yes No Type of allergies: _____

Do you live in a _____ house _____ condo _____ apartment _____ mobile home _____ townhouse

How long have you lived at your current address? _____

Do you _____ own _____ rent _____ live with a relative?

If you do not own your residence, do you have your complex/landlord's permission to have a pet? ___Yes ___No

Amount of pet deposit required _____ Has our pet deposit been paid? _____ Yes _____ No

What restrictions on size and or number of pets apply in your subdivision or apartment complex? _____

Why did you decide to adopt a dog/puppy? _____

How long have you considered this decision? _____ Do all adults agree to this decision? ____ Yes ____ No

Who will be responsible for the care of this dog/puppy? _____

Where will the dog spend most of its time? Inside Outside Both (if both how many hours outside? _____

Where will the dog be kept during the day? _____ Night? _____ On vacation? _____

How many hours a day will the dog/puppy be alone? _____ Where? _____

How will you keep the dog confined? (Mark all that apply) ____ House ____ Kennel ____ Fence ____ Chain

____ Garage ____ Patio ____ Leash ____ Crate ____ Other _____

If crated or kenneled, how many hours per day? _____ Type and size _____

Do you have a fenced yard? ____ Yes ____ No What type of fence? _____ Height _____

What size is the yard? ____ Small ____ Medium ____ Large ____ Acreage

Does the yard have any type of shelter for the dog? ____ Yes ____ No What type? _____

If you move in the future, what will you do with the dog? _____

If you had to move to a building where pets are not allowed, what would you do? _____

Do you have the time and effort to allow this dog to adjust to your new home? _____ Yes _____ No

Do you want a dog/puppy for (mark all that apply): ____ house pet ____ guard dog ____ child's pet ____ gift

____ company for another pet ____ hunting dog ____ companion ____ fighting dog ____ outside dog ____ family pet

What breed, preferences and personality traits are you looking for in a dog or puppy? _____ Breed

_____ Size _____ Sex _____ Color _____ Hair length _____ Temperament

Activity level/traits: Playful Lap dog Quiet Laid back Active Good w/children Like cats

What traits would you consider undesirable? _____

What would you do if the dog demonstrates the following behaviors? Digging _____

Chewing _____ Not getting along with other pets _____

Difficulty adjusting to household _____ Destructive to personal property _____

If you have to give the dog up, what would you do? _____

If the dog becomes lost, what would you do? _____

What do you consider a good reason for giving up a dog? (mark all that apply) Moving Fleas Destructive

Biting Grew too big Digging Illness Chewing Vet bills Unable to house train Having a baby

Barking too much Allergies Too rough with children Other (please explain) _____

Are you planning to provide obedience training? Yes No If yes, where _____

Would you consider obedience training to correct undesirable behaviors? Yes No

You will probably have to house train your new pet. Please explain your method of house training: _____

How often will the dog be exercised? _____ Where? _____

How will you transport your dog? Crate Seat belt harness Loose in vehicle Bed of truck

Are you familiar with the leashing and licensing regulations in your area? Yes No

Dogs can live in excess of 10 years. Are you prepared to assume this responsibility? Yes No

Do you currently have a veterinarian? Yes No If yes, name of vet or clinic _____

If the dog required surgery or special care what would you do? _____

Are you familiar with the following canine diseases? Parvovirus Distemper Bordetella

Rabies Heartworms

Have you ever had a pet die of causes other than those related to old age? Yes No If yes,

please explain _____

Have you ever returned or given an animal away before? ____ Yes ____ No If yes, please explain _____

Please list all animals **currently** owned: _____

DOG/CAT & BREED	ALTERED? Y/N	SEX	DATE OF LAST VET VISIT	AGE	INSIDE/OUTSIDE BOTH

Please list all animals **previously** owned:

DOG/CAT & BREED	ALTERED? Y/N	SEX	DATE OF LAST VET VISIT	AGE	INSIDE/OUTSIDE BOTH

I certify that the information contained in this application is true. I further understand that any false information may result in denial of the application. This application is the property of Volunteers for Animal Protection. VAP reserves the right to decline any application.

Signature _____ Date _____

Signature _____ Date _____

ADOPTION STAFF USE ONLY

First interview by: _____ Date _____

Second interview by: _____ Date _____

Foster home: _____ Dogs name _____

Approved _____ Denied _____

Comments: _____
