

# *Dog Adoption*

## *Application Form*

### *Contact Information*

*Full name:*

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*Occupation:*

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*Address:*

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*How long at this address: -*

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*Daytime Phone:*

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*Evening Phone:*

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*Best time to call:*

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*Email address:*

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*Family & Housing*

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

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*How many children (ages)?*

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

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*Please describe your household: \_\_\_ Active \_\_\_  
Noisy \_\_\_ Quiet \_\_\_ Average*

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

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*(by providing this information you are allowing BPR  
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?*

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

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*Do you have time to provide adequate love and attention?*

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*Do you understand some dogs may require more time to get to know you, than others? That it may not always be a perfect situation from the start? Your new dog may be timid, scared, growly, and or quiet. Do you have the patience to deal with this kind of behavior for a few days while the new dog adjusts?*

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*Other Pets*

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

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*Are these pets up to date on vaccines?*

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*Are these pets altered? If not, why?*

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

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

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*Have you ever lost a pet to an accident?*

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*How do you discipline your pets and why?*

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*Veterinarian*

*Do you have a regular veterinarian?*    \_\_\_ *Yes*

\_\_\_ *No*

*Veterinarian's name:*

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*Clinic Name:*

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*Clinic Address:*

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*Clinic Phone:*

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*(Providing BPR with this information you are allowing BPR to call your vet. Please call your vet and ask them to authorize the release of information to BPR.)*

*ABOUT THE DOG YOU WISH TO  
ADOPT*

*What is the name of the dog that you wish to adopt  
from BPR?*

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*What is your idea of an ideal dog and why?*

*Desired age:* \_\_\_\_\_

*Desired*

*Size:*

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*Desired breed:*

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*Breed you would not*

*adopt:* \_\_\_\_\_

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*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)*

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

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

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

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*Who will have financial responsibility for this dog?*

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*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?*

*Do you agree to contact BPR if you can no longer  
keep this dog?    \_\_\_ Yes    \_\_\_ No*

*Are you be willing to let a representative of BPR visit your home by appointment?*

*\_\_\_ Yes    \_\_\_ No*

*How did you hear about BPR?*

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*Would you be interested in providing a foster home for a dog that could be euthanized in a local shelter?*

*Would your fur babies be ok with that? \_\_\_\_\_*

*Personal References*

*Please list someone who is familiar with both you and your pets and sorry but no parents or spouses. (Friends, co-workers, vet techs, neighbors)*

*Name:*

*Address:*

*Phone:*

*Relationship (relative, neighbor, friend, etc.):*

*Name:*

*Address:*

*Phone:*

*Relationship (relative, neighbor, friend, etc.):*

*All of the information I have given is true and complete. This dog will reside in my home as a pet. I*

*will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian. I will also take my new family member to my Veterinarian within 14 days of the date of adoption, if my application is approved.*

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*(Signature)*

*(Date)*



