

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 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?*

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

Do you have time to provide adequate love and attention?

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?

Other Pets

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

Are these pets up to date on vaccines?

Are these pets altered? 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?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? ___ *Yes*

___ *No*

Veterinarian's name:

Clinic Name:

Clinic Address:

Clinic Phone:

(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?*

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?*

*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?

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.

(Signature)

(Date)

