

# Truth About Dogs Adoption Application

Date: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cell phone or alternate #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Do you work full time? \_\_\_\_\_ Part-time? \_\_\_\_\_

Spouse Name \_\_\_\_\_  
Do you work full time? \_\_\_\_\_ Part-time? \_\_\_\_\_

Do you rent or own your home? Rent \_\_\_\_\_ Own \_\_\_\_\_  
Circle that which applies: HOME TOWNHOUSE APARTMENT CONDO  
MOBILE HOME LIVE W/RELATIVE

How do you plan to contain this dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced yard? \_\_\_\_yes \_\_\_\_no How high? \_\_\_\_\_  
Type of fencing: \_\_\_\_\_

How do you plan to exercise the dog and how often? \_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for the dog's care? \_\_\_\_\_

Are all members of the household aware that you're adopting a dog? \_\_\_\_yes \_\_\_\_no

How many people live in your home? \_\_\_\_\_

Adult or Child  
Age  
\_\_\_\_\_  
\_\_\_\_\_

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Will this be the children's first experience with a dog or puppy as part of the household?  
\_\_\_\_\_yes \_\_\_\_\_no

Does anyone in your household have allergies to animals? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, what type? \_\_\_\_\_

What would you do if someone in the household became allergic to the dog after you adopt it?  
\_\_\_\_\_  
\_\_\_\_\_

Are you familiar with crate training? \_\_\_\_\_ yes \_\_\_\_\_ no  
Would you crate this dog if necessary? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have a trainer in mind for puppy classes, obedience classes, or trouble-shooting problems? \_\_\_\_\_ yes \_\_\_\_\_ no  
If so, who and where are they located? \_\_\_\_\_

Have you used them before?

What age of dog are you considering adopting?  
\_\_\_\_\_Puppy: 2-4 months  
\_\_\_\_\_Adolescent: 4 months to 1 year  
\_\_\_\_\_Young Adult: 1-4 years  
\_\_\_\_\_Adult: over 4 years

Please describe where the dog will be kept during the day? \_\_\_\_\_  
\_\_\_\_\_

At night? \_\_\_\_\_  
\_\_\_\_\_

When left alone? \_\_\_\_\_  
\_\_\_\_\_

How many hours per day will the dog be left alone without human companionship? \_\_\_\_\_

Do you travel often? \_\_\_\_\_ yes \_\_\_\_\_ no  
If so, how will the dog be cared for while you're away? \_\_\_\_\_  
\_\_\_\_\_

Do you currently own any pets? \_\_\_\_\_yes \_\_\_\_\_no

Breed	Name/Age	Sex/Fixed?	Shot's current?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Veterinary Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone: \_\_\_\_\_

Approximate date of last visit? \_\_\_\_\_

If you do not now own a dog, have you owned one in the past? (Last seven years)  
\_\_\_\_\_yes \_\_\_\_\_no

What became of your dog (s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever turned in an animal to a shelter? \_\_\_\_\_yes \_\_\_\_\_no  
If so, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

Do you understand that all dogs need to see the veterinarian on a regular basis for shots,  
check-ups, etc. ? \_\_\_\_\_yes \_\_\_\_\_no  
Who will be responsible for this cost? \_\_\_\_\_

Are you familiar with canine heartworm? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you prepared for the many expenses involved in owning a dog? (Vet care, food, toys, training,  
annual license, grooming and boarding fees.) ? \_\_\_\_\_yes \_\_\_\_\_no  
Please estimate the cost per year of owning a dog. \_\_\_\_\_

Dogs can live 15 years or longer. Do you commit to caring for this dog its entire life?  
\_\_\_\_\_yes \_\_\_\_\_no

Please list two personal character references: (If you currently own pets, you may use your  
veterinarian as one.)

1 \_\_\_\_\_ 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would make you want to return this dog or puppy? \_\_\_\_\_  
\_\_\_\_\_

In signing this form, I confirm that all the above statements are true and factual.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date