



## Application for Adoption

Name(s): \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone ( W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Best time to call: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Email: \_\_\_\_\_

1. Are you over the age of 21, living independently, and self-supporting? \_\_\_\_Yes \_\_\_\_No

-If you checked "No" for the previous question, please explain:

\_\_\_\_\_

2. What people currently reside in your household? (family, friend, roommate, etc)

\_\_\_\_\_

3. What is your current profession and with what company?

\_\_\_\_\_

4. How long have you been employed at your current place of employment?

\_\_\_\_\_ Hours daily/weekly? \_\_\_\_\_

5. Which pet are you interested in and why?

\_\_\_\_\_

5. Is this pet a gift for anyone?

\_\_\_\_\_

6. What do you think are the most important responsibilities in owning a dog?

\_\_\_\_\_

\_\_\_\_\_

7. Does every member of your household want a dog?  Yes  No

8. Does anyone in the household have allergies?  Yes  No

9. Have you ever owned a pet before?  Yes  No

10. Please describe your previous pets (type, age, sex, spayed/neutered?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Why are these pets no longer with you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please describe your current pets (type, age,) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are all current pets spayed or neutered?  Yes  No

14. Are all current pets up-to-date on vaccinations?  Yes  No

15. Are all current dogs on monthly heartworm preventative?  Yes  No

16. Please provide the name, address, and phone number of your previous and current veterinarian(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CONTACT YOUR VET AND GIVE PERMISSION FOR THEM TO RELEASE YOUR VET RECORDS TO ME**

17. Are there other pets in the home that do not belong to you?  Yes  No

18. If you checked "yes" to the previous question, please provide the name, address, and phone number of those pets' veterinarian(s). What name are these records listed under?

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19. Do you have children under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are their ages?

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20. Please list other residents in your household and their relationship to you:

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21. How long have you lived at your current address? \_\_\_\_\_

22. In which type of home do you live?

Single Family Dwelling  Condo  Apartment  Mobile Home  Duplex  Other

22. If you checked "Other" to the previous question, please explain:

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23. Do you own or rent?  Own  Rent  Other

24. If you checked "Other" to the previous question, please explain:

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25. If you rent, please provide the name, address and phone number of your landlord:

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26. Is your yard fenced?  Yes  No

27. If yes, please describe your fence (size, type, etc.):

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28. If you don't have a fence, how do you plan to keep your dog at home? (if you use a tie-out, dog run, or any other system, please describe).

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29. Where will the dog stay during the day?

Indoors  Crate  Basement  Outdoors Loose

Outdoors Fenced Yard  Tied Up Outdoors  Kennel Run

30. How much time will the dog spend outside? \_\_\_\_\_

31. Where will the pet sleep? \_\_\_\_\_

32. How frequently will the adults be gone away from home on business or vacation? Where will the pet stay at these times?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Please describe your feeding plan – type and brand of food, schedule \_\_\_\_\_

\_\_\_\_\_

34. Please describe your housetraining routine (how do you handle accidents?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

35. Will someone be home during the day?  Yes  No

36. If you checked “No” to the previous question, how long will the pet be left unattended?

\_\_\_\_\_  
\_\_\_\_\_

37. What provision can be made if the pet needs to use the bathroom while left alone?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Please check age preferences you have in adopting a dog:  Up to 5 years

5 years or older  no preference

39. Please list any size preferences you have in adopting a dog:  up to 6 lbs

Up to 10 lbs.  10 lbs. or over  no preference

40. Are you willing to accept a dog with special needs?  Yes  No  no preference

41. Please list any gender preferences you have in adopting a dog:  male  female  no preference

42. Please list any other specific information that may help us find the right dog for you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Are you interested in any other dog(s) on our website, which one(s)?

\_\_\_\_\_

44. Please provide the name, address and phone number of at least two personal non-family references:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

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Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

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I understand that a home visit with my family, prior to final approval of adoption must be scheduled.

yes  no

I represent that the information that I have provided on this form is the truth to the best of my knowledge and belief, and hereby give my permission for you to use any of the above information to confirm that all information provided is the truth.

This means you give us your permission to call references and that you allow us to contact your vet and that you hereby give consent for your vet to release the information in your current/past pet's health files to us.

Print your name here: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Rescue Representative: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE PRINT, COMPLETE, SCAN, EMAIL TO: [saveabestfriend@gmail.com](mailto:saveabestfriend@gmail.com)