

DOG ADOPTION APPLICATION



2834 Borchard Road
Newbury Park, CA 91320-3810

Phone: 805-480-3038

Fax: 805-480-3040

info@bigpaws4acause.org 🐾 info@lifeline4paws.org

www.bigpaws4acause.org 🐾 www.lifeline4paws.org

PLEASE READ THIS FIRST

Please fill this form out completely. INCOMPLETE APPLICATIONS CAN NOT BE CONSIDERED. Our goal is to match the right dog into the right home so that everyone is happy. Completing and submitting this application in no way guarantees that a dog will be placed with you. Due to the number of applications received, we ask that you be patient while your application is being reviewed. Please feel free to call or email if you have any questions about the status of your application.

Name	<input type="text"/>	Today's Date	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Fax Number	<input type="text"/>
Email	<input type="text"/>		

Have you ever adopted from a rescue before? Yes No If "yes" name of Rescue Group _____

1. Who shares your household? Spouse Significant Other Room Mate Live Alone Children

Number of Children: _____ Ages of Children: _____ Is this the child(rens) first pet? Yes No

2. What experience do the kids have caring for dog? _____

3. Do you live in a: House Apartment Condo Townhouse Mobile Home Other

4. Is anyone in your household allergic to dogs/animals? Yes No Slight allergies to some.

5. Do you have other pets? Yes No

6. If yes, what type of pets, ages and how long have they been part of your family ?

7. What gender, size, age and breed dog are you looking for? Male Female Breed _____
Size Small Medium Large **Age** Young Mature No Preference
8. What type of dog are you looking for? Primarily a house dog Primarily an outside dog Out all day, inside at night
 In and out at their leisure Other (explain) _____
9. Do you have a doggie door? Yes No If no, would you consider installing a doggie door? Yes No
10. Is the dog allowed on the furniture? Yes No Only on some of the furniture.
11. Where would the dog sleep at night as a puppy? Patio Dog House Dog Run Garage
 Anywhere Outside Bedroom Kitchen Laundry Room Anywhere Inside Crate
11. Where would the dog sleep at night as an adult? Patio Dog House Dog Run Garage
 Anywhere Outside Bedroom Kitchen Laundry Room Anywhere Inside Crate
12. If you have/had a dog where do/did they sleep at night? Please indicate the specific room or area in or out of the house.
13. Do you plan on using crating the dog at any time? Yes No If yes, when? _____
14. Is anyone home during the weekday? Almost all of the time Part of the time Only in the evenings
15. How many hours is the dog typically alone on a normal weekday? _____
16. When you are home will the dog have: Full run of the house Access to parts of the house Mostly Outside
17. When you are NOT home will the dog be kept: Outside only In a Crate Part of the house with outside access
 Full run of house with outside access Inside with full run of house Inside with partial run of house Other _____
18. If you live in an apartment, will you agree to walk the dog only on a leash? Yes No
19. Is your yard securely fenced? Yes No Height of fence? _____ Type of fencing? _____
20. Do you have a pool? Yes No Is there a fence around the pool? Yes No
21. What type of exercise do you plan on doing with your dog and how often? _____
22. Do you have a dog run area? Yes No Where is the run located? _____
If yes, is the dog: Limited to run area Run is always open Sometimes limited to run area
23. Have you ever had a dog before? Yes No What happened to your previous dog(s)? _____
24. Do you have any dogs now? Yes No If yes, how many and what type? _____
25. Are all your pets spayed/neutered? Yes No If no, why not? _____
26. What type of dog food have you fed in the past? _____
27. Where will your pet stay when you go on vacation? _____
28. Under what circumstances would you give up a dog? Moving New Baby Divorce Destructive
 Barks too much House training problems Nips/bites Large vet bills Old age Health issues
 Unable to train Too energetic/rambunctious I would never give up my dog Other: _____
29. Do you have a local vet? Yes No Can we contact your vet for a reference? Yes No
Vet/Clinic Name: _____ Vet/Clinic Phone: _____
Vet/Clinic Address: _____
City: _____ State: _____ Zip Code: _____
30. Will you allow a rescue volunteer to visit your home? Yes No
31. Will you be able to take your dog through a basic obedience course? Yes No

Please list two personal references, preferably living on your street:

Reference 1

Name

Address

City State Zip Code

Phone

Reference 2

Name

Address

City State Zip Code

Phone

I certify that all statements made by me on this adoption application are true and correct. I agree that Big paws 4 a Cause and/or Lifeline 4 Paws has the right to confiscate a dog placed with me in the event any statements made by me are found to be false.

Signature: _____

Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

Dog Name: _____ Type of Dog: _____ ID#: _____

Date Released _____ Received By: _____

Follow Up Date: _____ Follow Up By: _____

Additional Comments