

## Pet Adoption Application



DOG'S NAME: (first choice) \_\_\_\_\_

DOG'S NAME: (second choice) \_\_\_\_\_

DOG'S NAME: (third choice) \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

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

Date of Birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issuing: \_\_\_\_\_

Who lives in the house/apartment with you?  
\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

If other adults live in the home, do they agree to the adoption of the dog:  
\_\_\_\_\_ (Yes/No)

Do any individuals in the household have pet allergies? \_\_\_\_\_

Do you own your home? \_\_\_\_\_ Adoption complies with HOA? \_\_\_\_\_

If renting, please provide name and phone number of landlord:

\_\_\_\_\_

Employer: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

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

Do you give permission to run a criminal background check? \_\_\_\_\_

Currently, do you have any pets in the home? \_\_\_\_\_

Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

How many dogs have you owned in the last five (5) years? \_\_\_\_\_

What happened to those you no longer own?

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Have you ever given up a pet for any reason? \_\_\_\_\_ (Yes/No)

If so, please explain:

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The name and phone number of your vet:

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Where will your dog stay during the day?

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Do you have a fenced yard? Type of material and how high:

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Will your pet be chained at all during the day? \_\_\_\_\_

Where will your pet sleep at night?

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How many hours during the day will your pet be alone (the most amount of time that you or your family are out of the home)? \_\_\_\_\_

How will your pet get exercise (daily)?

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What pet behaviors are unacceptable to you and what would you do to correct them?

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Are you willing to correct housebreaking issues if any exist? \_\_\_\_\_ (Yes/No)

How long do you think is acceptable to give a rescue dog time to adjust to his/her new home? \_\_\_\_\_

Excluding your death, what conditions would cause you to give up a pet?

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If for any reason, you decide a dog placed in your home is not the right fit for your family, are you willing to give TracysDogs at least 48 hours notice and help transport the dog back? \_\_\_\_\_ (Yes/No)

REFERENCES: Please provide the name and phone number for two people (not related to you) that can verify your information and your ability to care for a pet.

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

How do you know this person and for how long? \_\_\_\_\_

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Name: \_\_\_\_\_

Phone # \_\_\_\_\_

How do you know this person and for how long? \_\_\_\_\_

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Will you provide monthly flea control for your pet? \_\_\_\_\_  
(Approx. cost is \$10 per month)

Will you provide monthly heart worm preventative? \_\_\_\_\_  
(Approx. cost is \$5 per month)

Under what circumstances would you give up your dog? If you were unable to keep your pet for any reason, would you be willing to return it to TracysDogs?

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**Please initial the following terms if you understand and agree:**

\_\_\_\_\_ I acknowledge that this dog was found as a stray and therefore have no knowledge about its ability to get along with people, children, other dogs or cats. I also acknowledge that it comes with no medical history other than what was observed or detected in the shelter.

\_\_\_\_\_ I acknowledge that the stated age of my adopted pet is determined by an ACS veterinarian to the best of his/her ability, having no previous history on the dog. I understand that the age is not always correct and that I should consult my own veterinarian for determination or confirmation.

\_\_\_\_\_ I understand that my dog may have been exposed to illness from other dogs in the shelter and may be incubating a disease. I release TracysDogs from all responsibility regarding the health of my dog. I acknowledge that, as of this date, I am solely responsible to provide and pay for veterinary care for my dog.

\_\_\_\_\_ I understand I will need to follow up with my veterinarian to obtain future vaccinations for my adopted animal. I understand that in accordance with municipal and state law, I will continue to keep my pet's rabies vaccination current.

\_\_\_\_\_ I agree and understand that if I am currently a tenant living in rental housing, I will comply with any lease requirements, including but not limited to payment of a pet deposit, my landlord may require in order to have my adopted pet(s) on the premises.

\_\_\_\_\_ I agree that if I am submitting my application through email and electronically entering my information, that said email and typing of name below serves as agreement and release of all conditions stated.

\_\_\_\_\_ I understand that the adoption fee is non-refundable.

I understand that when adopting a dog, especially when recently released from a shelter environment, there are certain risks involved. I understand that Tracy and volunteers of TracysDogs provide the information they have been given by Animal Care Services on the animal being adopted in good faith and are not responsible in any way for any issues that may arise in conjunction with adoption or ownership thereafter.

Signature\_\_\_\_\_ Date\_\_\_\_\_