



CANINE/FELINE ADOPTION FORM

Animal Name and Breed: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Work Phone#: _____ Cell phone#: _____

Date of Birth: _____

E-Mail Address: _____

Where do you work? _____

1. Living Situation: Rent _____ Own _____ Live with Parents _____ Other _____

Type of residence: House _____ Apartment _____ Condo _____ Mobile home _____

Landlord's Name & Phone number if applicable: _____

If you have checked rent or apartment/condo. Please provide written proof that your landlord/association allows pets and any breed/size restrictions that exist.

2. How many adults in your household? _____ Children _____

Age of children in household _____

Who will be the primary caretaker? _____

3. Provide a history of the pets you have owned in the last 10 years:

Dog/Cat	Breed/Sterilized	How Long Did You Own?	What Year Did You Own The Pet?	Where Is The Pet Now?

4. Please provide the following information for all pets currently in your home:

Dog/Cat	Breed	Age	Spayed/Neutered	Current On Vaccines	Inside Or Outside Pet	Last Vet Visit

Do any of your current pets have medical/behavioral/dominance issues and if so what?

Please provide a name and phone number of the veterinarian that would have records for the animals listed above

Vet's Name:		City		Phone #:	
Vet's Name:		City		Phone #:	

5. I Am Adopting A Pet For: Self_____ Children_____ Family_____ Friend_____

6. A Member Of My Household Is Allergic To Cats/Dogs: Yes_____ No_____

7. I Prefer: Male_____ Female_____ Either_____

8. I Like Pets That Are: Big_____ Small_____ Medium_____

9. My Pet Needs To Get Along With Other: Dogs_____ Cats_____

10. I Need A Dog That Will Tolerate Being Alone _____ hrs per day.

11. I Have a
 Fenced Yard_____ Tie Out_____ Outdoor Run_____ Invisible Fence_____
 Type of fence and height _____

12. Bad Pet Habits That I Cannot Tolerate:_____

13. When I'm Home My Pet Will Be:
 By My Side:_____ Wherever It Wants In The House:_____ In Yard:_____
 Confined To Room In House:_____ In Garage:_____ In Basement:_____

14. When I Am Not Home My Pet Will Be:
 In A Crate Inside Home_____ Wherever It Wants Inside Home_____
 Confined To A Room In House_____ In Yard_____ Basement_____
 Garage_____

15. Consider Your Activity Level & What You Are Looking For In A Pet. Is Your Lifestyle?

Highly active (jogging, hiking, agility):_____

Somewhat active (long walks, plays):_____

Couch Potato (short walks, belly rubs):_____

16. I Want My Dog To Participate In The Following Activities:
 Daily Walks: ____ Walks Less Than 4 Days/Week: ____
 Walks Less Than 2 Days/Wk: ____ Running: ____ Playing In Yard: ____
 Trips To Dog Park: ____ None Of The Above: ____ Other: _____
17. Answer The Following Question As It Relates To Your Ability/Willingness To Train A Pet:
 I am comfortable doing no training ____ some training ____ Lots of training ____
 with my dog to improve manners, and common behavioral issues such as jumping,
 leash pulling, potty training etc..
18. If You Were Unable To Successfully Address A Behavioral Issue Through Your Own Methods, (check all that apply):
 _____ Contact The Rescue For Advice
 _____ Consult With A Dog Trainer
 _____ Find A New Home For The Dog
 _____ Learn To Live With The Issue
 _____ Take The Dog To The Pound
 _____ Other
19. I Plan On Enrolling My Dog In Obedience Training? Yes _____ No _____
 If No, why? _____
20. For What Reason Would You Consider Giving Up This Pet (check all that applies):
 Moving: ____ Having a Baby: ____ Cost to Care for Pet: ____
 Potty Accidents: ____ Nipping: ____ Barking: ____ Chewing: ____
 Aggression Toward Other Animals: ____ Separation Anxiety: ____
 Digging: ____ Biting: ____ Fear of Strangers: ____ No Time For Pet: ____
 Other (Please Explain): _____
21. I Am Willing To Work With A Dog That Has Special Needs (medical/ behavioral)?
 Yes ____ No ____
22. How Much Do You Think It Will Cost For Yearly Vetting (vaccines, testing,
 heartworm medication, etc.)? _____
23. What Are Your Feelings On Spaying/Neutering Of Pets? _____
24. I Want My Dog For:
 _____ Companionship For Myself
 _____ Companionship For Another Pet
 _____ A Child
 _____ A Guardian
 _____ Hunting
 _____ A Gift

25. My cat will live? Indoors only Indoor/outdoor

26. How Long Have You Looked For A Pet? _____




27. Have You Applied Elsewhere? Yes _____ No _____

If yes, where? _____



Please list the name, relationship to you, and phone number of two persons we could call for references that are not related to you or roommates

1. _____
2. _____

By signing this application, I agree that I understand the following:

-  Our rescued dogs have been seen by a vet and deemed to be in good health. They have been fully vaccinated, micro chipped, tested for parasites and heartworm and spayed/neutered. However, rescued pets have an unknown medical background prior to coming into our care and an unknown behavior history. DAWG cannot guarantee the future health of any pet it adopts out.
-  By signing this form, you have agreed to authorize the release of information from your vets' office on animals you currently or previously owned.
-  Dogs requires yearly vaccines/heartworm medications that can exceed \$200.00. Submitting this pre-adoption application does not obligate you to adopt this dog nor does it guarantee the dog will be adopted to you. We attempt to find the best match for each pet adopted out.

DAWG reserves the right to deny any application it receives.

-  The DAWG adoption board makes all decisions regarding adoption and their decisions are final.
-  Any pet adopted from DAWG can be returned at any time. If the pet does not work out in its new home, it **MUST** be returned to DAWG and not to any other animal rescue/animal control or humane society.

Signature _____ Date _____