



Applicant Information

Dog Adoption Application

Pet's Name: _____

First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Are you 18 years old or older? ☐ Yes ☐ No

Do you live in a ☐ Home ☐ Townhome ☐ Apartment Do you ☐ Rent ☐ Own

If you rent do you have permission from your landlord to own a pet? ☐ Yes ☐ No

Landlord's name: _____ Landlord's phone number: _____

How long have you lived at this address? _____ Do you have plans to move? _____

Family/Household Information

Are there children in the household? ☐ Yes ☐ No What are their ages: _____

Is anyone in the household allergic to dogs? ☐ Yes ☐ No

Do you expect your current family situation to change? ☐ Yes ☐ No

Are all family members in agreement about this adoption? ☐ Yes ☐ No

Why are you considering adopting a dog? ☐ Companion for self ☐ Companion for child

☐ Companion for another household member ☐ Watchdog ☐ Gift ☐ Other _____

It's most important to me that my dog _____

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them.

Name	Breed	Age	Gender	Spay/Neutered?	If still alive, where are they?
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_____	_____	____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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_____	_____	____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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_____	_____	____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Have you ever given a pet away or taken a pet to the shelter? ☐ Yes ☐ No

If yes, what were the circumstances? _____

Veterinarian Information

Your veterinarian's name: _____ Phone number: _____

When was your current pet's last visit to a veterinarian and why? _____

May we contact your vet as a reference? ☐ Yes ☐ No

New Pet Information

What dog food are you considering feeding your dog? _____ How often will you feed it? _____

Are you willing to spend \$200-\$500 for emergency veterinary care? ☐ Yes ☐ No

If you move, what do you plan to do with your pet(s)? _____

Who in the household will be the primary care giver? _____

Where will your dog be during the day? _____ At night? _____

How many hours each day will the dog be unattended? _____

Do you have a fenced yard? ☐ Yes ☐ No If yes, how high? _____

If no, how do you plan to contain your dog? _____

Do you own a pickup? ☐ Yes ☐ No If yes where will the dog ride? _____

If in the back how will your dog be restrained? _____

Do you or your neighbors own livestock, farm or exotic animals? ☐ Yes ☐ No

If this dog is not housebroken, how are you going to train your new dog? _____

If behavior problems do present themselves, will you be committed to working with the animal

to correct the problems? ☐ Yes ☐ No

What reasons would make you consider returning your adopted dog? _____

How did you first hear about this dog? ☐ Adoption day ☐ Sarge website ☐ PetFinder.com

☐ Facebook ☐ Newspaper ☐ Other _____

Comments: _____

Drivers License or state ID number (required): _____ **Type** _____

By signing below I certify that the information I have given is true. I understand that Sarge's reserves the right to deny my application for any reason. I further authorize the confirmation of all statements in this application.

Signed: _____ Date: _____