## DOG ADOPTION APPLICATION



Harlingen Veterinary Clinic 10 Sunset Road Belle Mead, NJ 08502 (908) 359-2000

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* * * *	* * * * * * PLEASE COMPLETE THE ENTIRE APPLICATION * * * * * * * * * * * NOTE: A completed application DOES NOT guarantee adoption		
	Dog's name you are interested in:		
CONTACT IN	FORMATION:		
Name:			
Address:			
City:		State: Zip:	
Phone Home:	Cell	/Work:	
Email Address:			
Veterinarian Re	eference: Name:	Phone:	
ENVIRONME	NT:		
• •	g: [ ] House [ ] Apartment [ ] Condo/ [ ] Rent [ ] Own [ ] Other		

## **EXPECTATIONS:**

Are animals permitted?

Do you have animals now?

If Yes, is it fenced?

If Yes what kind and how many:

Do you have a yard?

A dog can live 12 - 18 years. Are you financially prepared and willing to give this animal the medical care it requires for its lifetime? [ ] Yes [ ] No

[ ] Yes

[ ] Yes

If Yes, what kind?

If No, have you had animals in the past? [ ] Yes [ ] No

[ ] Yes [ ] No

[ ] Yes [ ] No

[ ] No

[ ] No

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Why do you want to bring a new do	g into your home?	
CANINE EXPERIENCE:		
Where will your new dog be kept w	hile alone?	
	[ ] Yes [ ] No	
Have you ever crate-trained a dog?	[ ] Yes [ ] No	
Will you be crating your new dog?		
Do you understand that your new do	og may develop some issues adjus	ting to his/her new home?
Will you tolerate the following issue	es during that adjustment period?	
Housebreaking accidents?	[ ] Yes [ ] No	
Chewing? Barking/Whining?	[ ] Yes [ ] No	
If no, please explain:		
· 1 ———————————————————————————————————		
If these issues do not get resolved in	a reasonable amount of time, wh	at will you do?
In adopting this dog you agree to:		
Accept possession, title and respons		risk, and hereby release and waive
any right against Harlingen Veterina	•	•
damages to person or property cause	•	
their responses to different situation		
previous or future behavior and acti-	<u>•</u>	•
<b>NEVER</b> put the dog in a pound or s	shelter. In the event you cannot ke	eep the animal, you MUST
IMMEDIATELY contact Harlingen	•	•
Signature		Date