



LOST DOG & CAT RESCUE FOUNDATION
 PO BOX 50037 – Arlington, VA 22205
 703-295-DOGS
www.lostdogrescue.org

Name & Breed of Dog _____

Date: _____ Tag# _____

DOG ADOPTION APPLICATION

This form and a consultation with a LDCRF representative are designed to help you find the dog most compatible with your lifestyle. Completion of this application does not guarantee adoption of an LDCRF dog. Please respond to the questions below as completely as possible.

In order to be considered as an adopter you must:

1. Be 21 years of age or older
2. Have a valid driver's license or other government-issued ID
3. Have proof of the knowledge and consent of your landlord if renting
4. Be willing and able to provide proper care, training and medical treatment

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Email address: _____

Occupation: _____ Employer: _____

Employer Address: _____

Number of Adults in Household _____ Number of Children _____ Ages of Children _____

Are all the adults in your household aware that you are adopting a dog and in agreement? yes no

Who will be the primary caregiver for your new dog? _____ Is any member of the household allergic to dogs? _____

What type of housing do you live in? house apartment condo other _____

Do you own or rent? _____ Landlord's name & phone # _____

Do you have a completely fenced yard? _____ What kind of fence? _____ Height _____ Gate? _____

Do you have a pool? _____ If yes, is it fenced? _____

Why do you want a dog? _____

What qualities are you looking for in your new dog? _____

Which of the following behaviors would be a serious problem for you? *Excessive barking digging jumping a fence not getting along with cats not getting along with other dogs not good with children not housetrained too active not playful with other animals not playful with children not good being left alone difficult to walk on a leash too big too much shedding Other:*

How many hours each day will the dog be left alone? _____ Where will the dog be kept when alone? _____

Where will the dog be when you are home? _____ Where will the dog sleep at night? _____

Are there times when the dog will be tied outside? _____ If yes, when? _____

How often and what type of exercise will you give your dog? _____

Is this your first dog? yes no

If you presently have a companion animal(s), please complete:

Name	Breed	Age	Gender	Spayed/ neutered?	Current on vaccines?

If you have **previously** had a companion animal(s), please complete:

Name	Breed	Years owned	What happened?

Name of your veterinarian _____ City/Town _____

Have you ever turned a pet into a shelter? _____ If yes, explain _____

Are you planning to attend obedience classes with your new dog? _____

If your new dog is not housebroken, how will you correct him/her when there is an accident, and what method will you use to train him/her? _____

_____ How long do you expect housetraining to take? _____

When you go on vacation/travel, who will care for the dog? _____

How much are you willing to spend on medical bills for your dog? _____ What would you do if the bills go over this amount? _____

Are you ready to take responsibility for this dog/puppy for the next 10-15 years? _____

What provisions will you make for the dog should you become unable to care for it? _____

Have you previously applied to adopt a dog or cat from LDCRF? _____ If yes, when? _____ Explain: _____

Have you ever relinquished or returned a dog or cat to LDCRF? _____ If yes, when? _____ Explain: _____

Are you willing to have a representative of LDCRF visit where the dog will be living? _____

INTERVIEWERS, Please initial that you have discussed the following topics: heartworm/ flea /tick prevention transition advice vaccines ID tag/LDRF tag crating chewing exercise needs return policy fees medical records/ expenses

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Prospective Adopter Signature: _____ Date: _____

Interviewer Approval: _____ Date: _____

Interviewer Approval: _____ Date: _____