



Atlanta Dog Squad Adoption Application

Why do you want to rescue a retriever? _____

Are you interested in a particular dog? (please name) _____

1. How would you view the retriever you rescue?

- It's simply a dog It will be my family pet It will be considered a member of my family

2. How much money would you be willing or able to spend if your retriever becomes ill or injured?

- Up to \$500 \$500 to \$1000 Whatever it takes to provide appropriate care

3. How would you handle temperament or obedience problems that might arise?

- Punish the dog Seek professional advice from a trainer or veterinarian Return the dog to ADS

4. For which of the following reasons would you consider giving up your dog? (check all that apply)

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| Moving | <input type="checkbox"/> | Not Housebroken | <input type="checkbox"/> |
| Divorce | <input type="checkbox"/> | Fights with other pets | <input type="checkbox"/> |
| Excessive Barking | <input type="checkbox"/> | Gets too large | <input type="checkbox"/> |
| Kids no longer want it | <input type="checkbox"/> | Medical Issues | <input type="checkbox"/> |
| Jumps Fence | <input type="checkbox"/> | Behavior Issues | <input type="checkbox"/> |
| New Baby | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Financial Problems | <input type="checkbox"/> | Messes up furniture | <input type="checkbox"/> |

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____ (cell) _____

Email Address: _____

Employer: _____

How did you hear about us? _____

Have you ever been or are you currently involved in breeding? Yes No

Family Information

Number of Adults: _____ Number of Children _____ Children's Ages _____

Do you own or rent? _____ Home Type: Single Family Apartment Condo/Town Home Mobile Home

If you rent, do you have your landlord's permission to have a large dog, such as a retriever? Yes No

Do all adults work outside the home full-time? Yes No If so, what are your work hours? _____

Who will be the primary caretaker for your dog? Myself Other _____

Does anyone in your household have allergies? Yes No

Do you have a fenced yard? Yes No

If no, how will you contain your dog? _____

If yes, how high is your fence? _____ What is the fence made of? _____

Do any of your pets live mostly outdoors? Yes No If yes, which pets? _____

How many hours a day will your dog be left alone? _____ Where will the dog sleep? _____

Where will the dog be when you are home? _____

Where will the dog be when you are NOT at home? _____

If you move what will you do with your dog? _____

Have you ever owned a dog? Yes No If the dog is no longer with you, why not? _____

If the dog is deceased, please explain how he/she died _____

Have you ever given up a pet? Yes No If yes, why? _____

Have you previously been approved to adopt a dog? Yes No

Name of organization: _____

Will this dog be a surprise to anyone in the house? Yes No

Pet Information (Please list any pets living with you)

Name	Type/Breed	Age	Behavior w/dogs	Gender	Neutered/ Spayed?

Reference (Not a family member)

Name: _____

Phone: (day) _____ (evening) _____ (cell) _____

Address: _____

City: _____ State: _____ Zip: _____

Veterinary Information

Vet Name: _____

Phone: (day) _____ (evening) _____ (cell) _____

Address: _____

City: _____ State: _____ Zip: _____