

# ADOPTION APPLICATION



First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Names & ages of everyone in your household: *(everyone in the family should come in to meet the dog you are adopting)*

Do you live in a...  House  Apartment  Condo  Mobile Home  
Do you...  Own  Rent  Rent to own  Live with parents  
Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_  
Is your yard...  Completely fenced  Partially fenced  Invisible fence  No fence  No yard  Common area  
Fence height? \_\_\_\_\_ Are you familiar with crate training?  Yes  No

Checked
<input type="checkbox"/> okay

Tell us more about the kind of dog you are looking to adopt... (check all that apply)

My dog needs to get along with...  Other dogs  Cats  Children under 8 yrs  Elderly people  Other small pets  
My dog will primarily be a...  Inside Dog  Outside Dog I want a guard dog  Yes  No  
How many hours will your dog spend outside per day? \_\_\_\_\_ hours Where? \_\_\_\_\_  
My dog needs to be able to be alone...  2 hours or less  4 to 6  8 to 10  12 or more  
When I'm not at home, my dog will spend it's time...  In a crate in the house  In the garage  Loose in the house  In the yard  Confined in a room  
How much money do you think you'll spend yearly to care for your dog? *(including food, medical care, boarding, toys, etc.)* \$ \_\_\_\_\_ per year

Tell us more about your current pets...					
Pet's Name	Type	Breed	Sex	Age	How long owned? <i>(If no longer have, what happened?)</i>
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed		
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed		
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed		
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed		

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Whose name are the vet records under? \_\_\_\_\_

<input checked="" type="checkbox"/> Checked  <input type="checkbox"/> okay
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Which dogs would you like to meet?	Dog's Name	Cage Number	Dog's Name	Cage Number

I acknowledge that I am not acquiring this dog for re-sale and understand that, if I decide at any time, for any reason, that I can no longer care for the dog, I am able to return the dog to the Franklin County Dog Shelter at no charge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_