



DOG - Adoption Interview Application

This application is intended to help us match our pets with the right household. We reserve the right to verify any and all information contained in this application, check with landlords, and check home sites. Please fill out all of the questions as accurately as possible.

Name: _____ Home Phone: _____ Cell Phone: _____

E-mail Address _____ Work Phone _____ can you receive calls at work? Yes No

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

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

Do you live in: House Apartment Houseboat Mobile Home Condo Other: _____

Do you: Own Rent Live with parents/family Lease Other (explain) _____

Property Owner / Manager _____ Main Phone Number: _____

Have you spoken to your landlord about adopting a new dog? Yes No

How long have you lived there? _____ Do you anticipate moving in the next 30 days? Yes No

Previous Address (if at current address for under 5yrs): _____ How long did you live there? _____

Who are you adopting this dog for? Family Self Child Spouse Relative/Friend Other (explain) _____

If there are children in the home what are their ages? _____

Who will be the primary care taker of this dog? Self Child Spouse Family Other (explain) _____

Purpose for adopting: Companion Guard dog Gift Other (explain) _____

Have you ever taken an animal to a shelter? Yes No When? _____ Why? _____

Are there any pets currently living at your residence? Yes No If yes, please list below:

Breed: _____ Male Female Spayed or Neutered? Yes No Age: _____

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Are these pets licensed? Yes No Are these pets current on their vaccinations? Yes No Vet Clinic: _____

Have you had any other pets in the last five years? Yes No If yes, please list below:

Breed: _____ Where is it now? _____

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Where will this dog sleep? Indoor Outdoor Garage Do you plan on indoor crate training? Yes No

Estimate time indoors: _____ Estimate time outdoors: _____ How much time will this dog spend alone? _____

Do you have a fully fenced yard? Yes No What kind (material, and height)? _____

How will you provide exercise for this animal? Backyard Walks Jogging Dog Park Hiking/Beach/Camping

What are your thoughts on spaying and neutering? _____

Personal reference / Pet emergency contact: Name: _____ Phone: _____ Relationship: _____

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of this information may be cause for denial of my application.

Signature: _____ Date: _____

APPLICANTS: PLEASE DO NOT WRITE ON THIS SIDE

Application reviewed by: _____ Date: _____

Landlord / Property Owner Approval Needed Done N/A Result: _____

Premise Inspection Needed Done N/A Result: _____

Animal Control Records/Licensing Needed Done N/A Result: _____

HSSW Files Needed Done N/A Result: No Record ID # _____

Notes: _____

Veterinary Records Needed Done N/A Result: _____

Comments: _____

Application Approved By: _____ Date: _____

Application Disapproved By: _____ Date: _____

Comments: _____

Animal Code: _____ Breed: _____ Sex: ___ Altered Yes No Age: _____ Date: _____

Adopted Hold First Second Third Request Orange Card Stray Foster

Hold expires: Date _____ Time _____ Reason for hold _____

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Animal is located in: WW PW EW Adoption Office Isolation Foster Care

Flea treatment Yes No Alter date _____ In House Off-Site _____

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