

ANIMAL ADOPTION APPLICATION

*** Completion of this application does not guarantee adoption of a Perfect Pet Rescue animal ***

Name of applicant _____ Occupation _____
Name of Spouse/Significant Other _____ Occupation _____
Names (and ages) of children, if any _____
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____
Emergency Contact - Name _____ Best phone number to reach _____
Do you live in a House _____ Apartment _____ Condominium _____ Townhouse _____
Other _____
Landlord's Name and Phone Number _____
Do you Own _____ Rent _____ If you rent, do you have your landlord's permission to have a pet? Yes _____ No _____
How much of the time will the dog be outdoors? _____ How much time indoors? _____
About what percent of the time will the dog be left alone without humans? _____
Where will the dog be when left alone? _____
What area(s) of the house will the dog be allowed into? _____
What area(s) of the house will the dog NOT be allowed into? _____
Where will the dog sleep at night? _____
Do you have a dog proof fenced yard? Yes _____ No _____ if yes, how high is the fence? _____ Type of fence? _____
Are the gate(s) normally locked? Yes _____ No _____
Do you have a doggy door? _____ Yes _____ No _____
Do you have a pool? Yes _____ No _____ If yes, is it fenced separately from the yard? Yes _____ No _____
Why do you want a dog? (Check all that apply)
_____ House pet _____ Companion for family _____ Companion for other pet
_____ Companion for children _____ Protection for home/family
_____ Protection for business _____ Watchdog _____ As a gift
_____ Other (specify) _____
Other pets (specify number of each): Dogs _____ Cats _____ Other _____
If you have any dogs or cats, are they spayed/neutered? Yes _____ No _____
What pets have you had in the past? _____

What happened to the ones you no longer have?

What would happen to the dog if you moved:

Locally? _____

Out of state? _____

Out of the country? _____

Where would the dog go when you go for vacation?

Do you have a regular veterinarian? Yes _____ No _____

If yes, vet's name _____ Name of Clinic _____

Address _____ Phone _____

Does anyone in your household have allergies: Yes _____ No _____ If yes, what kind? _____

How would you train this dog? (Check all that apply)

_____ Obedience school _____ Hit with newspaper _____ Choke collar

_____ Firm verbal commands _____ Clicker/hand signals _____ Positive Reinforcement

Other (specify) _____

How and how often do you plan to exercise your dog?

Will you be committed to potty train if needed? Yes _____ No _____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes _____ No _____

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes _____ No _____

If your dog were injured or ill, are you committed to take him/her to the vet?

Yes _____ No _____

Are you able to make a long term commitment to care for this dog for its entire lifespan, which could be as much as 10-20 years? Yes _____ No _____

Under what circumstances would you not be able to keep this dog?

Signature _____ Date _____

Please also email your house indoor/outdoor pictures and this form to help us fasten the adoption reviewing process. Please email to Adopt@CapitalAnimalRescue.Org

Capital Animal Rescue and Environmental Foundation reserves the right to refuse adoption to any adopter for any reason. This questionnaire becomes part of our contract.