



## Adoption Application Form

I'm applying for the adoption of the dog named: \_\_\_\_\_

### Contact Information

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Family & Housing

How many adults (their relationship to you) and children (please inform ages) are there in your family?

\_\_\_\_\_  
\_\_\_\_\_

What type of home do you live in:

single family  town home  apartment  farm  other: \_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

If you rent, please give the rules governing pets and the landlord's name and number:

\_\_\_\_\_  
\_\_\_\_\_

(by providing this information you are allowing Saving Paws 4 Love (SP4L) to contact your landlord; please inform them of this call so they will speak with us)

Is everyone in agreement with the decision to adopt a dog? \_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_

**Other Pets**

What other pets do you have (specify type and number)?

\_\_\_\_\_

Are these pets spayed/neutered?  Yes  No      Up to date on vaccines?  Yes  No

If not, why? \_\_\_\_\_

Have you every surrendered a pet?  Yes  No

If so, why? \_\_\_\_\_

Have you ever had a pet euthanized?  Yes  No

If so, why? \_\_\_\_\_

How do you discipline your pets and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Veterinarian**

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

(Providing Saving Paws 4 Love with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to SP4L.)

**About the Dog You Wish to Adopt**

Desired age: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Desired breed: \_\_\_\_\_

Breed you would not adopt: \_\_\_\_\_

Desired sex:  Spayed Female  Neutered Male  No preference

Where will the dog spend the day? (*describe*)

---

Where will the dog spend the night? (*describe*)

---

Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?  Yes  No

Do you agree to keep the dog as an indoor dog?  Yes  No

When the dog goes out, how do you plan to supervise it? Fenced yard? \_\_\_\_\_

---

Do you agree to contact SP4L if you can no longer keep this dog?  Yes  No

Are you be willing to let a representative of SP4L visit your home by appointment?  
 Yes  No

How did you hear about SP4L? \_\_\_\_\_

Would you be interested in fostering?  Yes  No  I Would like to know more about fostering

**Personal References**

Please list someone who is familiar with both you and your pets.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)