

## ADOPTION APPLICATION

Name \_\_\_\_\_  
 Driver's License # \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 email address \_\_\_\_\_  
 Names of others in household (include ages of children)  
 \_\_\_\_\_  
 Length of time at address \_\_\_\_\_ Own or Rent  
 Housing type: House Condo Apartment Moblie home  
 Landlord name \_\_\_\_\_ phone \_\_\_\_\_  
 Please list your current veterinarian \_\_\_\_\_  
 City \_\_\_\_\_ phone \_\_\_\_\_

Current Pets	You & Your Household	Your Ideal Dog
Type _____ Name _____ Age ____ Sex ____ Spayed/Neutered Yes/No Kept Inside or Outside How long have you owned this pet? _____	<b>1. Dog Experience</b> <input type="checkbox"/> First Time Owner <input type="checkbox"/> Have had one or two <input type="checkbox"/> Knowledgeable & Experienced	<b>3. Our Dog Will Live:</b> <input type="checkbox"/> Indoors only <input type="checkbox"/> Indoors/Outdoors <input type="checkbox"/> Outdoors only
Type _____ Name _____ Age ____ Sex ____ Spayed/Neutered Yes/No Kept Inside or Outside How long have you owned this pet? _____	<b>2. Time Away From Home</b> <input type="checkbox"/> Home all day <input type="checkbox"/> Out part-time <input type="checkbox"/> Away 7-10 hrs daily	<b>4. Home Atmosphere</b> <input type="checkbox"/> Grand Central <input type="checkbox"/> Some activity <input type="checkbox"/> Zen-garden serene

Please provide the name/ phone number of your veterinary:

Please provide two personal references:

1. \_\_\_\_\_
2. \_\_\_\_\_