

Dog Adoption Application

www.OurAngelsOnEarth.com

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If you are interested in adopting a pet, fill out this application and print it clearly

<p>_____ First and Last Name</p> <p>_____ Gender</p> <p>_____ Age</p> <p>_____ Email Address</p> <p>_____ (_____)_____</p> <p>_____ Phone Number</p> <p>_____ Current Address, Street and Apartment #</p> <p>_____ City, State, and Zip code</p> <p>_____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Sublet</p> <p>_____ Years at this address</p> <p>Do you live with: <input type="checkbox"/> Spouse/ Partner <input type="checkbox"/> Children <input type="checkbox"/> Roommate <input type="checkbox"/> Other, specify _____</p> <p>Are pets permitted in your place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a terrace? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, is it enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a backyard? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, is it fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you plan to let your dog outside? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you aware that dog(s) can live 15+ years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you sure you can make this commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is anyone in your household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Who will take care of the pet when and if you are expectedly/ unexpectedly away? _____</p> <p>_____</p>	<p>_____ Name of the dog(s) you are interested in</p> <p>Sex Desired: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference</p> <p>Would you consider a dog with an illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Age Desired: <input type="checkbox"/> Under 1y <input type="checkbox"/> 1-2y <input type="checkbox"/> 2-7y <input type="checkbox"/> 7+</p> <p>How many hours per day will the pet be alone? _____</p> <p>When can you take the pet(s) home? _____</p> <p>Have you had pets before? <input type="checkbox"/> Dog(s) <input type="checkbox"/> Cat(s) <input type="checkbox"/> Other, specify _____</p> <p>If yes, where are they now? _____</p> <p>Have you ever given your pet for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, why? _____</p> <p>Are there other pets in your home now? <input type="checkbox"/> Dog(s) <input type="checkbox"/> Cat(s) <input type="checkbox"/> Other, specify _____</p> <p>Are your current pets spayed/ neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No *if NO, Why? _____</p> <p>Are your current pets up to date with vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any of your cats FIV or FELV positive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you agree NOT to breed if you are adopting not spayed/ neutered pet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you crate an adopted pet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain how you will deal with behavioral issues (such as barking, chewing, distractive behavior, indoor bathroom accidents, unruly leash manners): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Employment Information	Veterinary Reference
*If applicable	*If N/A now, where will you be taking your adopted dog?
_____ Employer Name	_____ Vet Clinic Name
_____ Street, STE #	_____ Street, STE #
_____ City, State, Zip ____ (____) _____	_____ City, State, Zip ____ (____) _____
_____ Phone Number	_____ Phone Number
_____ Occupation/ Title	_____ Name of the pet's record(s) under

- Authorization:
- The information on this application is complete and accurate to the best of my knowledge
 - I authorize my veterinary clinic to provide my reference check
 - I understand that the completion of this form is the first step in the adoption process and does not guarantee an adoption
 - If an adoption takes place, I will allow the paths to be delivered and guaranteed that I will provide a hazard-free

Signature*: _____ Date: _____

Print Name: _____

*If submitting digitally, typing your name on the signature line acts as a legal signature

Internal Use ONLY:	
Reviewed By: _____	Notes: _____
Date: _____	_____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____