Dog Adoption Application Form

Contact Information

Full name: _____
Occupation: _____
Address: _____
How long at this address: _____
Daytime Phone: _____
Evening Phone: _____
Best time to call: _____
Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

_____

How many children (ages)?

_____

What type of home do you live in single family, town home, apartment, farm, etc.?

_____

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 us to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____
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 up to date on vaccines? _____
Are these pets spayed/neutered? If not..why?_____

_____

Have you ever surrendered a pet? If so, why?

_____

Have you ever had a pet euthanized? If so, why?

_____

Have you ever lost a pet to an accident?

_____

How do you discipline your pets and why?

_____

Veterinarian

Do you have a regular veterinarian? __ Yes __ No

Veterinarian's name: _____
Clinic Name: _____
Clinic Address: _____
Clinic Phone: _____
(Providing this information you are allowing a verification call to your vet. Please call your vet and ask them to authorize the release of information.)

About the Dog You Wish to Adopt

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 that this dog will be a pet (not used for breeding purposes)? __Yes __No

*Unless agreed to, by all parties, **prior to receipt of deposit/purchase,** the dog/pet will be spayed/neutered prior to receiving official ABKC paperwork. **The buyer must provide Veterinarian signed proof of the spay/neutering process before any ABKC paperwork will be disbursed to the purchasing party.** By signing this section the purchasing party acknowledges understanding and agrees to abide by agreed upon breeding rights/privilages.*

Signature:_____ Date:_____

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.

Signature:_____ Date:_____