

Animal's Name _____ Intake # _____ Date _____

Dog Adoption Application
4 Paws Rescue

PERSONAL INFORMATION:

Name: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Address: _____

City: _____ State: _____ ZIP: _____ Email: _____

How long at this address? _____ If less than 2 years, please list your previous address: _____

Married: _____ Single: _____ Live with parents: _____ Age: _____

No. of children in the home: _____ Ages: _____

Name of employer: _____ Phone: _____

Name of spouse's employer: _____ Phone: _____

Does anyone in your family suffer from allergies? _____ If yes, please explain: _____

Have you adopted from 4 Paws Rescue before? _____

RESIDENTIAL INFORMATION:

RESIDENCE: House: _____ Apartment: _____ Condo: _____ Mobile Home: _____

Landlord's name: _____ Phone: _____

Besides your immediate family, are there others residing in your home?

Yes: _____ No: _____ If yes, who? _____

Does your home have a yard? _____ Type and height of fence: _____

If the yard is fenced, when the gate is closed, will the dog be completely enclosed? _____

ADOPTION INFORMATION:

Have you ever owned a dog? _____

Where will your dog be kept most of the time? In the House: _____ Outside: _____ Other: _____

What is the longest period of time the dog will be left alone? _____

Where will the dog be kept during this time? _____

If kept outside, will there be a dog run or dog house? _____

Will you take your dog to obedience classes if needed? _____

Why do you want this particular dog? _____

What will you do with your dog if you move or go on vacation? _____

How much do you expect to spend on your new dog in a year? _____

What will you do if your new dog chews things, dumps trash, etc.? _____

Please check all of the following that will apply to your new dog:

Watch Dog: _____ Companion: _____ Hunting Dog: _____
Guard Dog: _____ Family Pet: _____ Other: _____

Will your dog ever be transported in the back of an open pickup? _____

OTHER PET INFORMATION:

Are all adult members of your household in favor of adopting a dog?

Yes No Don't know

Do you have other pets? Type and Number: _____

If your other pets are cats and/or dogs, are they spayed and/or neutered? _____ If no, why not? _____

Are your other pets current on their vaccinations? _____

Veterinarian's name: _____ Phone: _____

What will you do if your newly adopted pet does not get along with your other pets for a while? _____

Do any of your pets have an infectious disease now, or have they in the recent past? _____

If yes, what did they have? _____

List name, address, and phone number for three personal references that are not related to you.

I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinary care will be costly and am able to meet these requirements. I understand that in some cases, a home check may be mandatory prior to adoption. I understand that any false statements constitute grounds for confiscation and surrender of the animal to 4 Paws Rescue. I further understand and agree that 4 Paws Rescue may demand the return of the animal for any violation of the terms of the adoption contract and agreement.

Signature: _____ Date: _____

4 PAWS RESCUE RESERVES THE RIGHT TO REFUSE ANY ADOPTION.

FOR STAFF ONLY:

Approved: _____ Refused: _____ Comments: _____