

WOOF CONNECTIONS ADOPTION APPLICATION

Name (include spouse or significant other living in the home):

Address:

City/Zip:

Employer:

How long have you worked there?

Telephone Number (please indicate preference of contact):

Work:

Home:

Alternative (cell, etc.):

Email Address:

Please answer ALL questions below (some have 2 parts):

	YES	NO	Notes
Are you over the age of 25? If not, please put age here	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Residence			
Home <input type="checkbox"/>			Do you own your home?
Apartment <input type="checkbox"/>			
Mobile Home or Other <input type="checkbox"/>			
Name of landlord to verify pets are allowed:			Phone number of Landlord:
Is there a particular dog/puppy you are interested in?			Which one(s):
What sex are you looking for?	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Do you own your home?			If renting, please provide landlord's name and phone # to verify they allow pets:
Do you have a completely fenced in yard?			Type (chain link, wooden privacy): Height on all sides:
If you do not have a fence, please describe how you will contain your dog during potty breaks (e.g., tie out, leash walks, unleashed, etc.)			
Do you have children in the home or who visit the home regularly?			If so, please indicate all ages:
Are your current pets up to date on vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you current pets on heartworm preventative?	<input type="checkbox"/>	<input type="checkbox"/>	Type/Brand:
May we contact your current veterinarian for a reference?	<input type="checkbox"/>	<input type="checkbox"/>	Name & Number:

If you do not have a vet, may we contact at least 2 personal reference (other than relatives)			Names & Numbers:
Is everyone in the home in agreement about adopting a pet?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you willing to adopt a dog with minor behavioral or health problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever given up a dog?	<input type="checkbox"/>	<input type="checkbox"/>	If so, please explain the circumstances:
Is there a particular brand of food you plan to feed your adopted pet?	<input type="checkbox"/>	<input type="checkbox"/>	What brand:
Have you ever had a dog with Parvovirus (Parvo) in your home/yard?	<input type="checkbox"/>	<input type="checkbox"/>	If so, when?
If approved, do you agree to allow for a home visit?	<input type="checkbox"/>	<input type="checkbox"/>	If not, please explain:

Please list your current pets:

Name	Breed	Age	Sex	Spayed or Neutered?

If you do not have any current pets, describe previous pets and what ultimately happened to them:

Where are your current pets kept:

During the day?

At night?:

Where will the adopted pet be kept (i.e., in a crate, outside, loose in the house, etc.):

During the day?

At night?:

How long will your adopted pet be home alone (at one time) while you are at work or elsewhere?

Generally speaking, what type of temperament are you looking for?

Are you willing to attend obedience training classes with your new pet?

Any other comments or concerns?