Puppy Adoption Application Form

Date:			
Applicant Information			
Full Name:			
Address:			
City:	_ State:	Zip:	
Phone Number:			
Email Address:			
Household Information			
Do you: [] Own [] Rent			
If renting, do you have landl	lord's permissio	n to have a dog? [] Yes	[] No
Type of residence: [] House	e [] Apartment	[]Condo []Other:_	
Number of adults in househ	old:		
Number of children (and age	es):		
Pet History			
Do you currently have other	pets?[]Yes	[] No	
If yes, list species, breed, ag	ge, and if spaye	ed/neutered:	
Have you owned a dog before	ore?[]Yes []	No	
If yes, what happened to the	e dog?		
About Your New Puppy			
Preferred puppy name (if kn	nown):		
Why do you want to adopt a	a puppy?		
How many hours per day wi	ill the puppy be	alone?	

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Where will the puppy be kept during the day?			
Where will the puppy sleep at night?			
Are you willing to provide training/socialization? [] Yes [] No			
Agreement			
[] I certify that all the information provided is true and complete. [] I agree to provide proper care, food, water, shelter, and medical attention for the puppy.			
Applicant Signature: Date:			
For Staff Use Only			
Application Received Date:			
Reviewed By (Staff Name):			
Home Check Completed? [] Yes [] No Date:			
Approved for Adoption? [] Yes [] No			
Notes/Comments:			
Staff Signature: Date:			