

## Dog Adoption Application Form

### Contact Information

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License # \_\_\_\_\_  
( you will need to attach a photo copy or picture of Drivers license ID )

### Family & Housing

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer contact info: \_\_\_\_\_

Place of employment and position \_\_\_\_\_

What is your work schedule? How many hours are you away from home on an average work week?  
Is there anyone who stays at home when you aren't?

\_\_\_\_\_

Where will your pet be kept during that time? \_\_\_\_\_

How many hours a day will the dog be left alone? \_\_\_\_\_

Where will your pet be sleeping during the night? \_\_\_\_\_

Is anyone enlisted in the military? If yes, how long before you are reassigned or transferred?

\_\_\_\_\_

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.?  
Do you own, rent, live with family?

\_\_\_\_\_

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)

How long have you lived at your current address:

\_\_\_\_\_

Are you planning on moving in the near future? \_\_\_\_\_

What happens to the pet if you move? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_

Whats the size and type of fencing? \_\_\_\_\_

Do you have a swimming pool? If so, would your pet have access to it? \_\_\_\_\_

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? \_\_\_\_\_

When not home would you leave dog in the house or in a crate? \_\_\_\_\_

### **Other Pets**

Who will be the primary caretaker? \_\_\_\_\_

Why do you want this pet? \_\_\_\_\_

Do you agree to a home inspection or a home visit a month after adoption?

\_\_\_\_\_

Will your dog be indoor, outdoor? what outdoor housing do you have?

\_\_\_\_\_

How much will the pet be exercised? \_\_\_\_\_

Is everyone in this home in agreement for adopting and caring for this animal?

\_\_\_\_\_

Do you understand the costs, challenges and care required for an animal that may live up to 15 years old? \_\_\_\_\_

Are you adopting to keep this dog for its entire life? \_\_\_\_\_

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? \_\_\_\_\_

Have You ever been denied to adopt by another rescue or control shelter? If so, Why?  
\_\_\_\_\_

**Veterinarian**

Do you have a regular veterinarian? \_\_ Yes \_\_ No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

(Providing us with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to us. )

**About the Dog You Wish to Adopt**

What is the name of the dog you are wanting to adopt? \_\_\_\_\_

Why do you want this dog? \_\_\_\_\_

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 to contact us if you can no longer keep this dog?  Yes  No  
( By signing this contract you will be agreeing that if for any reason you cannot keep your dog that you will return him back to us instead of placing him at a shelter )

Are you willing to let a representative of Caitlin's Vine Of Bravery to visit your home by appointment?  
 Yes  No

How did you hear about Caitlin's Vine Of Bravery? \_\_\_\_\_

Would you be interested in fostering?  Yes  No  Would like to know more

**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. I agree to never sell, trade, or surrender this pet to anyone without giving prior notice to Caitlin's Vine Of Bravery. I agree that the rescuer may reclaim the pet if I can no longer keep it. I agree that the adoption fee is non - refundable and there is no reimbursement if the adoption does not work out. I agree that all expenses of my dog after I take possession will be my responsibility and Caitlin's Vine Of Bravery is released of any liabilities.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Rescuers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Both the adopting parents and Caitlin's Vine Of Bravery have agreed upon the total of \$\_\_\_\_\_ for help with expenses incurred by saving this dog.

